

**Emergency Support Function #8
Public Health and Medical Services**

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**Emergency Support Function #8
Public Health and Medical Services**

Approval and Implementation

This document was developed by Emergency Support Function #8 in accordance with national, state, and local regulations regarding the implementation of this Emergency Support Function. This document follows the National Incident Management System and meets the coordination objectives of local emergency response organizations. By signature, the entities below accept this document as standard practice for prevention, mitigation, preparedness, response, and recovery during emergency operations.

Denise V. Rodgers, M.D. Interim Director. Department of Health & Community Wellness

Signature: _____ Date: _____

Marsha McGowan, Health Officer/Manager, Surveillance & Prevention, Department of Health & Community Wellness / ESF #8 Coordinator

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**Emergency Support Function #8
Public Health and Medical Services**

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Volunteer Support

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The Emergency Support Function #Coordinator maintains contact information for all Support Agencies, State Support, Private Support, and Volunteer Support.

I. Introduction

A. Purpose

The purpose of Support Function #8, Public Health and Medical Services (ESF #8), is to provide available City of Newark public health and emergency medical services (EMS) and resources for support of emergency response activities within the City of Newark. Operations executed by ESF #8 include, but are not necessarily limited to, the following:

- € Provide lifesaving public health and EMS in response to an emergency, and ensure vital emergency medical resources and services are sufficient
- € Coordinate and report on lifesaving public health and EMS in response to an emergency, and ensure vital emergency medical resources and services are sufficient
- € Coordinate and provide resources to support other City of Newark ESFs to assist with their respective operational objectives

B. Scope

This ESF coordinates operations by the City of Newark related to public health and medical services at the time of an emergency. This ESF is an integral component of the *City of Newark Emergency Operations Plan* (EOP) and, as such, is intended to be implemented within the policy and operational framework of the EOP. Operations of ESF #8 are therefore intended to be fully integrated with other activated City of Newark ESFs.

During an emergency that extends beyond the City of Newark jurisdictional boundaries, it could be necessary for ESF #8 to conduct operations in an autonomous manner, working with ESF #8 Committees at the municipal, county, state, and federal levels to: identify needs and problem areas related to public health and emergency medical services; formulate mission assignments addressing those needs or problems; and implement mission assignments. ESF #8 could also work directly with ESF #8 Committees of neighboring jurisdictions within the New Jersey Urban Area Security Initiative (UASI) Region, the New York-New Jersey-Connecticut-Pennsylvania Area Regional Catastrophic Preparedness Grant Program (RCPGP), or within the framework of other memoranda of understanding (MOU), memoranda of agreement (MOA), or charter agreements in the event of large-scale or catastrophic emergencies.

II. Policies

The policies that govern the operations of this ESF, as well as the prioritization of mission assignments and resource allocation whenever necessary, are the following, in order of priority:

- € Conduct or assist in operations necessary to reduce the imminent threat of danger, or support other operations directly intended to prevent or minimize injury or illness to the impacted population
- € Support emergency response operations being conducted by other City of Newark ESFs, or by neighboring jurisdictions, when necessary
- € Gather situational awareness information in support of emergency response operations
- € Support emergency recovery operations being conducted by the City of Newark
- € Support emergency preparedness activities being conducted by the City of Newark

III. Situation and Assumptions

A. Situation

The activation of this ESF is predicated by an emergency of such severity and magnitude that it requires the resources and capabilities of ESF #8. Identification of the various hazards the City of Newark faces and the likely consequences for emergency operations can be found in the Hazard Assessment, Appendix BPA-1 of the EOP.

For example, Appendix BPA-1 indicates that there are several emergency situations that could require an extensive public health response within the City of Newark. Health related emergencies, such as a pandemic or a biological attack involving an infectious disease, could require emergency vaccinations and quarantine. Many other emergencies, such as an explosive attack or earthquake, could lead to many injuries requiring immediate medical attention among the public and first responders.

Three values, i.e., relative risk, consequence category, and level of ESF involvement are shown in the following excerpt from Appendix BPA-1. These three values, taken in combination, provide a means of identifying hazards which may be of greatest concern. For example, a hazard with high consequences and a high level of ESF involvement is most likely to overwhelm local resources. If the relative risk for such a hazard is also high, then it ought to be a priority for planning purposes.

The relative risk is a function of probability, impacts, and advance warning. Details of how these values were developed are indicated in BPA-1.

The consequences of each hazard were categorized as follows:

1. Most severe impacts to property and infrastructure, i.e., services are disrupted and/or structures are damaged, but there are little or no injuries or casualties; a major power outage is an example of this type of catastrophic event.
2. Most severe impacts to people. Low impacts to property and infrastructure, i.e., people and/or animals are affected, but there is little impact on structures or infrastructure; for example, an epidemic affecting a large proportion of the population
3. High impacts to people, property, and infrastructure, people, animals, structures and infrastructure are potentially impacted; widespread flooding over the NJ UASI Region is a relevant example

In addition to this categorization, each hazard was assigned a value regarding the anticipated level of involvement for each ESF. These are as follows:

1. ESF will have limited or no involvement
2. ESF will be main and/or sole focus of response and recovery efforts
3. Coordinated effort will be required between multiple ESFs

The City of Newark Department of Health & Community Wellness (DHCW) has the capabilities to provide normal health services including:

- € Sanitary inspections of food operations
- € Immunization programs
- € Vermin inspection and control
- € Health screening and treatment
- € Environmental inspections
- € Surveillance and epidemiology for communicable diseases
- € Health planning
- € 24-hour on-call service for public health emergencies

The DHCW is located at 110 William Street, 94 William Street and 394 University Avenue, Newark, New Jersey, 07102.

The Director of EMS for University Hospital is the Deputy City of Newark Office of Emergency Management (CNOEM) & Homeland Security Coordinator for EMS.

The City of Newark is divided into two EMS sectors coordinating volunteer and proprietary career EMS services under a unified command.

Under contract with the City of Newark, University Hospital provides proprietary 911 service for the City of Newark.

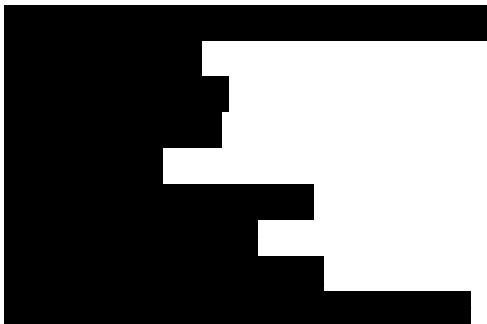
The City of Newark is a core city in the Northeastern NJ UASI region. UH EMS is an anchor agency for the New Jersey Emergency Medical Services Task Force (NJEMSTF).

The Ironbound Ambulance Squad Inc. provides volunteer EMS to the East District of the City of Newark when in service.

There are two ambulance stations located within the City of Newark:

- € University Hospital Emergency Medical Services 150
Cabinet Street
- € The Ironbound Ambulance Squad Inc.
399 New York Avenue

Significant emergency medical hazards located within the City of Newark:



B. Planning Assumptions

Implementation of this ESF is based on the following general planning assumptions:



Implementation of this ESF is also based on the following specific planning assumptions:

- € ESF #8 is intended to be fully consistent with the New Jersey ESF #8 and ESF #8 of the Department of Homeland Security National Response Framework, to facilitate efficient coordination of operations, sharing of resources, and timely completion of mission.

IV. Concept of Operations

A. General

This ESF is responsible for meeting the public health and medical services-related needs of the City of Newark emergency response operations to provide public health and medical services before, during or after an emergency. This ESF is activated upon the request of the City of Newark Emergency Operations Center (CNEOC) or Incident Commander (IC), and functions under the supervision and coordination of the DHCW. The designated support agencies provide assistance and resources to the DHCW upon request. The ESF #8 Coordinator shall then implement mission assignments based on requests from other City of Newark ESFs, field Command Staff, and designated Operations and Logistics Section Liaisons of the Incident Command System (ICS) in the CNEOC funneled through the CNEOC Manager, in accordance with the incident action plan approved by the IC and Policy Group.

In addition to coordination with ESF #8 designated support agencies and as previously stated in the support agencies section, ESF #8 shall interact regularly with other ESFs within the City of Newark. Although interactions with other ESFs shall be scenario based, ESF #8 is most likely to have regular interactions with the following ESFs : ESF #1, ESF #2, ESF #3, ESF #4, ESF #5, ESF #6, ESF #7, ESF#9, ESF #10, ESF #11, ESF # 12, ESF # 13, and ESF #15.

Government-owned resources available to implement mission assignments of ESF #8 are identified and catalogued in the New Jersey Resource Directory Database (RDDDB). See Appendix 8.1, Resource Directory Database (RDDDB). The primary and support agencies shall access the RDDDB through the MyNewJersey portal site. MOUs, MOAs, and mutual aid agreements (MAAs) with other jurisdictions are also included as an attachment. See Appendix 8.2, Mutual Aid Agreements.

The DHCW is the lead agency for public health activities.

The DHCW consists of approximately 290 employees.

There are



The following Contract Programs exists for the City of Newark:

{	Public Health Nursing:	National Staffing
{	Environment:	Essex Regional Health Commission
{	Animal control:	Associated Humane Society
{	Emergency Medical:	University Hospital
{	Laboratory Services:	Laboratory Corporation

The DHCW has the standard health equipment prescribed by the minimum standards of performance for local board of health.

The DHCW contracts with Lab Corp to operate its on-site health laboratory.

University Hospital maintains a Special Operations Group which can deploy in the event of pre-planned events or natural/man made emergencies. The Special Operations Group operates a wide variety of specialized emergency medical equipment:

- £ Special Operations vehicle/gator (SOV-N)
- £ Technical Services Unit (TSU)
- £ Mass Care Response Unit (MCRU)
- £ Logistics trailer

University Hospital EMS is an active member of the NJEMSTF and serves as the anchor agency for the North Region as well as its official communications center. The NJEMSTF also has specialized equipment and personnel available to respond to emergencies.

The following facilities can be expanded into emergency treatment centers for emergency victims. (See Appendix 8.6, EMS Organizations and Resource Lists)

- £ City Hospitals
 - £ Newark Beth Israel Medical Center
 - £ St. Michaels Medical Center
 - £ University Hospital
- £ Facilities
 - £ Branch Brook Roller Rink, Clifton Avenue
 - £ Essex County Vocational School
 - £ 300 North 13th Street
 - £ 91 West Market Street
 - £ Essex County College
 - £ Hall of Records, 470 Martin Luther King Jr. Boulevard, Newark
- £ Area Hospitals
 - £ Clara Maass Medical Center, Belleville
 - £ East Orange General Hospital, East Orange
 - £ Trinitas Hospital, Elizabeth

The City of Newark Standardized Emergency Operating Procedures for major and mass casualty is to be used in the City of Newark by all EMS agencies operating within the city.

The University Hospital EMS utilizes ICS to manage large scale and mass casualty events/emergences. In the event of a multi jurisdictional response, University Hospital EMS shall enter into a unified command.

The agencies responsible for and the procedure defining how injured persons are rescued are outlined in each agency's standard operating procedures (SOPs).

The City of Newark's Mass Casualty Plan can be implemented by a University Hospital -EMS supervisor or manager as well as by the CNOEM. At the time of implementation, Regional Emergency Medical Communications System (REMCS) shall be the point of contact for all EMS assets responding to or operating at the scene.

The City of Newark and the University Hospital EMS Director are responsible for providing EMS coverage to shelters and reception areas when appropriate. As the CNEOC is notified of shelters being opened the EMS representative shall ascertain the necessity of maintaining an on-site medical team and ensure the dispatch of the most appropriate resource to the shelter/reception area.

Verbal MAAs exist with all surrounding EMS agencies to provide support during a large scale or mass casualty event/emergency.

The Director of EMS for University Hospital is responsible for arranging emergency medical support and hospital care during and after an emergency including decontamination.

The University Hospital EMS Director shall liaise with the DHCW and the CNOEM to determine the level of medical support necessary at shelters.

The Director of EMS for University Hospital shall detail EMS assets to support assignments for other annexes as appropriate.

B. Notification and Mobilization

The IC shall be responsible for notifying the DHCW of the need to activate ESF #8, and informing the DHCW on a timeline for activation. The DHCW shall notify their agency staff assigned to the ESF and request their deployment to the CNEOC and other pre-designated locations. See Appendix 8.3, Recall/Duty Roster and Appendix 8.4, Pre-Designated Locations, Meeting Points, and Points of Distribution. In addition, the ESF #8 Coordinator shall notify the support agencies of the ESF activation and, as required by the emergency, request mobilization and deployment of personnel and/or resources to pre-assigned locations, or to remain on standby for mobilization and deployment.

Mobilization of personnel by the DHCW shall include, at a minimum, assignment of at least one individual to the CNEOC to staff the ESF #8 position. Depending on the level of activation of the CNEOC and the size of the emergency response operation, this individual could also serve as the representative for other ESFs for which the department is a primary or supporting agency.

During periods of heightened risk, the DHCW Division of Surveillance & Prevention personnel shall:

- € Be notified of the impending situation (i.e., flooding, hazardous materials emergencies)
- € Activate the Public Health Emergency Response Team
- € Establish recall duty status for standby
- € Activate physical recall to standby at the Municipal Emergency Operating Center (EOC)

Under normal circumstances the DHCW Division of Surveillance & Prevention dispatches public health personnel to an emergency.

During times of emergency, public health personnel can be notified via:

- £ Telephone/cell phone
- £ 24 short-wave radios
- £ 800mhz radio (New Jersey State Police/hospitals)

Additional public health personnel shall be notified through established recall procedures.

Detailed emergency response and CNEOC notification and mobilization procedures can be found in Section II.C.3, Notifications of the EOP Base Plan.

Private resource providers shall be contacted and advised of the activation of ESF #8 by the ESF #8 Coordinator and requested to mobilize or remain on standby, as required by the emergency.

C. Actions

This section describes the emergency management actions that could be required of ESF #8 to prevent, mitigate against, prepare for, respond to, and recover from against the loss of life or property during emergency.

1. Prevention

The following prevention actions shall be taken in anticipation of the activation of ESF #8.

- £ Work with ESF #13 and other intelligence agencies to evaluate and determine the need for heightened inspections, improved surveillance, and security operations of public health and medical services infrastructure

2. Mitigation

The City of Newark identifies opportunities for and undertakes mitigation actions on an ongoing basis as part of the *All Hazard Mitigation Plan for Essex County, New Jersey*. See Base Plan, Section IX.B.3.A for information regarding the *All Hazard Mitigation Plan for Essex County, New Jersey*.

3. Preparedness

The following general preparedness actions shall be taken in anticipation of the activation of ESF #8:

- £ Assess pre-emergency needs and develop plans to stage resources for rapid deployment
- £ Maintain ESF #8 RDDB to be completed by primary and supporting agencies, and coordinated by the ESF #8 Coordinator
- £ Maintain private contractor resource support database for ESF #8
- £ Maintain relationships with New Jersey Office of Emergency Management (NJOEM) and neighboring jurisdiction ESF #8 primary agencies
- £ Participate in drills and exercises to evaluate emergency response capabilities of ESF #8

4. Response

The following general response actions shall be taken for ESF #8 in the CNEOC:

- £ Receive a briefing from the IC regarding the present situation and the immediate need for action
- £ Establish an operation shift schedule consistent with the CNEOC as established by the CNEOC Manager for staffing ESF #8, if 24-hour operations are required due to the magnitude of the emergency. As required, ensure that an overlap of 15 minutes occurs between shifts so that staff can transfer all relevant information/processes.
- £ Receive and execute mission assignments from other ESFs and the Command Staff

The following specific response activities shall also be undertaken by the primary and support agencies for ESF #8 related to public health and medical services functions:

- £ Initial direction and control for public health shall emanate from the DHCW, Division of Surveillance & Prevention 110 William Street, Newark, New Jersey
- £ During emergencies, when on-scene Incident Command Post (ICP) is established, the DHCW direction and control shall emanate from the ICP
- £ When the CNEOC is activated, direction and control shall emanate from the municipal CNEOC
- £ The City of Newark Health Officer/designee is responsible for the verification of the current recall roster for the DHCW, Division of Surveillance & Prevention personnel
- £ The recall roster shall be kept at the City DHCW, Health Officer suite, and the CNOEM
- £ The City of Newark Health Officer/designee shall provide for the DHCW supervisory staffing on a 24-hour basis
- £ The shifts shall be divided into 12-hour days and the City of Newark Health Officer shall provide the 24-hour supervisory staffing
- £ Contract agencies shall be required to provide their own 24-hour staffing, when necessary
- £ The City of Newark Health Officer shall coordinate all municipal Health Services from the ICP, the City of Newark Municipal Building, or the CNEOC as necessary
- £ Normally, the DHCW, Division of Surveillance and Prevention personnel interact with other emergency services within the City of Newark, which include:
 - £ Newark Police Division
 - £ Newark Fire Division
 - £ Fire Prevention Bureau
 - £ Department of Engineering
 - £ UH EMS
 - £ U.S. postal inspectors
- £ The City of Newark Health Officer/designee shall report to the CNEOC during an emergency
- £ The City of Newark Surveillance and Communicable Disease Prevention Team shall be activated and set up Response Center at DHCW, 110 William Street to support surveillance staff at the CNEOC
- £ For a biological event, the City of Newark Division of Surveillance & Prevention shall activate the Metropolitan Medical Response System, Surveillance Group
- £ During times of emergency, pertinent information shall be routed to the CNEOC via two-way communications and/or telephone

- € Radio communications shall be accomplished with use of the Nextel cell phones with radio capacity and short-range radios purchased by the City of Newark Local Information Network and Communication System (LINCS)
- € The following procedures shall be followed for the coordination of sanitary inspection of water supplies, sewage treatment, food establishments, as well as shelters:
 - € Microbial sampling of municipal water supply:
 - € Municipal supply water samples are collected by Water Department personnel submitted to the City of Newark laboratory in Cedar Grove
 - € During times of emergency, water sampling shall be conducted more frequently when deemed necessary by the Health Officer in conjunction with the Water Department
 - € Sanitary inspection of food establishments and manufacturing operations:
 - € Licensed sanitarian(s) and/or health officer routinely inspect food operations at least once a year
 - € During periods of emergency, when the emergency shelters and congregate center have been opened, the Health Officer shall coordinate sanitary inspection(s) division of Environmental Health, the Salvation Army (SA), and the American Red Cross (ARC)
- € The Health Officer shall coordinate the inoculation of individuals if warranted by the threat of diseases in the following manner:
 - € Notification of New Jersey State Department of Health (NJDOH)
 - € Activation of the recall roster for:
 - € Medical Reserve Corps
 - € Physician(s)
 - € Nurses
 - € Medical suppliers
 - € Maintain inoculation records
 - € Activate the Strategic National Stockpile (SNS) process
 - € Open Point of Dispensing (POD)
- € The disease investigation and reporting during and after an emergency shall be performed in the following manner:
 - € The Health Officer is responsible for the coordination of the investigation(s) and the reporting of information to the NJDOH
 - € The Epidemiologist and the Health Officer shall actively investigate reports of disease(s) during an emergency
 - € The Registered Environmental Health Specialist shall conduct all follow up after a communicable disease related emergency
 - € The Health Officer shall make final determination of patient's status in consultation with the infectious disease physician or staff physician
 - € The Health Officer shall be responsible for following procedures and reporting to the NJDOH as outlined in the minimum standards of performance for all New Jersey health departments
 - € The Health Officer shall be responsible to maintain all required records
- € EMS direction and control shall emanate from the CNEOC. All tasks shall be relayed through the REMCS.
- € EMS Managers shall verify that recall rosters remain valid (See Appendix 8.2, Mutual Aid Agreements)
- € The University Hospital EMS provides 24-hour management coverage to the CNEOC. (See Appendix 8.2, Mutual Aid Agreements)
- € The University Hospital EMS, in accordance with the National Incident City of Newark, New Jersey ESF 8: Public Health and Medical Services

Management System (NIMS), uses ICS to manage all large scale and mass casualty events/emergencies

- € In conjunction with the Emergency Preparedness Coordinator and the CNOEM, the EMS Coordinator shall ascertain the necessity of evacuation/decompression of any healthcare facility located within the City of Newark. Will an evacuation/decompression become necessary, the EMS Coordinator shall facilitate as detailed in the facilities EOP.

5 Recovery

For recovery operations, the organizational structure and method of coordination of this ESF shall remain the same as that used in emergency response operations. As the emergency response transitions into disaster recovery, ESF #8 shall support mission assignments of ESF #14.

D. Communications

ESF #8 communications protocols and procedures shall be consistent with general emergency response communications protocols and procedures, managed by the Logistics Section in the CNEOC, the primary and supporting agencies of ESF #2, and as outlined in the *EOP Base Plan, Section VI, Communications*. This includes but is not limited to coordination in the development of ICS 205 forms.

The following specific communication protocols and procedures shall also be undertaken by the primary and support agencies for ESF #8 in the event of an emergency:

- € The DHCW has two-way mobile communications capability within one vehicle assigned to it
- € The Division of Surveillance & Prevention LINCS staff all have communications devices which include cell phones

The DHCW has the capability to communicate with the following agencies/departments located within the City of Newark:

- € Newark Fire Division
- € Newark Police Division
- € Engineering Department including the Construction Code Enforcement Office
- € CNOEM
- € Office of Management and Budget
- € Law Department

There are cell phones assigned to the following personnel within the DHCW:

- £ Director, DHCW
- £ Medical Director, Manager Medical Services
- £ Health Officer, Manager Surveillance and Prevention
- £ Manager, Social Services
- £ Manager, Planning
- £ Emergency Preparedness Coordinator / LINCS Coordinator
- £ Registered Environmental Health Specialist, Communicable Diseases
- £ Chief, Food and Drug Bureau

There is a fax machine available to the DHCW.

The REMCS at University Hospital EMS in the City of Newark, the designated EMS Communications center for the City of Newark, provides basic life support (BLS) Dispatch for the City of Newark, including the volunteer service, and advanced life support (ALS) dispatch for the Cities of Newark, East Orange, Orange, Newark Liberty International Airport, and Ports Newark and Elizabeth. REMCS is also the primary dispatch point for the JEMSTAR Air Medical program, NJEMSTF, The New York/New Jersey EMS MAA, and Essex County OEM EMS mobilization. In the event of a Large Scale or Mass Casualty event/emergency, REMCS shall:

- £ Assume the lead role in dispatching and tracking all EMS assets.
- £ Utilize current recall lists to ensure proper staffing during an emergency.
- £ Provide preliminary and progress reports for all EMS activities during an CNEOC activation. This shall be conducted via radio, telephone, fax, or message service.

The City of Newark EMS Communications capabilities are comprised of very high frequency (VHF), ultra high frequency (UHF), and New Jersey Police 800MHz. This includes the JEMS Communications channels, the Mobile Intensive Care Unit (MICU) statewide channels, the CNOEM EMS County Coordinators frequency, the JEMSTAR frequencies, as well as VTAC, UTAC, and ITAC National interoperability frequencies.

The Primary EMS Mutual Aid frequency for EMS Operations in the City of Newark is 153.785 MHz (SPEN 4/JEMS 4). Interoperability channels are available under a MOU with the New Jersey Attorney General's Office and could be requested through the Essex County Sherriff's Office UASI Center. Additionally, Essex County OEM Channel 6 is available for MCI/LSI radio traffic.

The Communications capabilities of the City of Newark BLS EMS Units are as follows:

- £ City of Newark JEMS 1 155.4000 MHz
- £ HEAR JEMS 2 155.340 MHz
- } JEMS 3 155.280
- £ JEMS/SPEN 4 153.785 MHz
- £ Essex County JEMS 1 155.295 MHz
- £ Essex County OEM 155.100 MHz

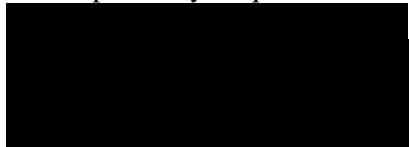
- € VHF interoperability frequencies



In addition to the above, the communications capabilities of the City of Newark ALS EMS Units are as follows:

- € 10 UHF Medical Telemetry Channels

- € UHF interoperability frequencies



In addition to the above, supervisory and management staff communications capabilities are as follows:

- € Northern New Jersey UTAC 4 (UASI 2) – 470.2375 MHZ

- € Northern New Jersey UTAC 5 (UASI 1) – 470.0875 MHz

- € Northern New Jersey UTAC 6 (UASI 3) – 472.8750 MHz

E. Demobilization

In anticipation for demobilization of ESF #8 and the CNEOC, the DHCW shall take the following actions:

- € Review all documentation of ESF #8 operations, expenditures, and personnel time to ensure completeness and accuracy
- € Track all ESF #8 mission assignments and ensure their completion
- € Prepare information, as necessary, to be used in disaster recovery operations if the continued need for ESF #8 in recovery as anticipated
- € Inform the appropriate personnel of the primary and support agencies, as well as private vendor support, of the impending demobilization of ESF #8
- € Transmit all documentation to the IC or ESF #5 through the CNEOC Manager and request approval to demobilize
- € Demobilize ESF #8, with notification to all necessary organizations and individuals

V. Organization and Assignment of Responsibilities

A. Organization

The organizational chart shown in the *EOP Base Plan, BPA-5, and NIMS/ICS EOC ESF Structure* illustrates the position of ESF #8 in the City of Newark emergency response ICS organization.

The components/divisions of the DHCW:

- € Division of Medical Care Services
- € Division of Planning
- € Division of Surveillance and Prevention
- € Division of Environment

B. Assignment of Responsibilities

This section designates the primary and support agencies for implementation of ESF #8.

1. ESF #8 Coordinator

The Program Coordinator for the Surveillance & Prevention Division of the DHCW is designated as the ESF #8 Coordinator. The ESF #8 Coordinator responsibilities are as follows:

- € Overall coordination of the development of plans, annexes, and procedures for emergency response consistent with ESF #8 and for coordinating implementation in an emergency
- € Maintain all ESF attachments, to include checklists and contact lists
- € Working with ESF #5 Coordinator, ensure timely updates and maintenance of ESF #8 related resources in the RDDB

2. Primary Agency

The DHCW is the primary agency for this ESF. The DHCW is specifically designated as the primary agency because of its normal day-to-day responsibilities, facilities, and equipment that support or facilitate the execution of providing public health and medical service before, during or after an emergency. The DHCW responsibilities are as follows:

- € Support development of plans, annexes, and procedures for emergency response consistent with ESF #8 and implementation of ESF #8 in an emergency
- € Support process for updating and maintaining ESF #8 related resources in the RDDB

3. Support Agencies

- a. CNOEM is designated as a support agency for this ESF because of its interaction and coordinating responsibilities with all the City of Newark ESFs.
- b. City of Newark EMS
EMS unit provides timely medical services throughout the entire jurisdiction of the City of Newark. Medical services include 911 response, transports and life sustaining practices. During large scale emergencies EMS unit allocates resources to EOC to respond under a unified command.
- c. Essex Regional Health Commission
Generally provide epidemiological support and environmental testing on a county level. Essex Regional and Newark Department of Health & Community Wellness are both Local Information and Communications System (LINCS) agencies and work together routinely during emergencies.

All Support Agencies are responsible to provide ESF #8 RDDDB information. In addition, responsibilities of the Support Agencies shall be designated by the ESF #8 Coordinator depending on the nature and conditions related to specific emergencies.

4. New Jersey State Support

- a. New Jersey Department of Environmental Protection (NJDEP)
NJDEP provides support in the form of manpower and environmental testing when necessary.
- b. New Jersey Department of Health (NJDOH)
NJDOH provides surveillance, communicable disease and epidemiological support during public health emergencies. Support can be in the form of personnel on site or via telecommunications. NJDOH also provides laboratory testing when necessary.

In addition to any specific responsibilities listed above, the ESF #8 Coordinator shall request support depending on the nature and conditions related to specific emergencies. Requests for support from State Agencies shall be routed via ESF #5 and/or the CNOEM Coordinator.

5. Private Support

- a. Lab Corp
This contract allows the DHCW to conduct medical testing on site if necessary. Tests includes a variety of blood screenings.
- b. National Staffing
National Staffing immediately expands DHCW nursing and medical assistant staff during a medical or public health emergency. Midpoint is a clinical staffing agency contract maintained by DHCW.

In addition to any specific responsibilities listed above, the ESF #8 Coordinator shall request support from the private sector depending on the nature and conditions related to specific emergencies. Requests for support from the private sector shall be coordinated with ESF #5, ESF #14, and/or the CNOEM Coordinator.

6. Volunteer Support

a. The ARC

During public health and or medical emergencies the American Red Cross assists with sheltering and feeding of residents that have been affected as a result of a man made or natural disaster.

In addition to any specific responsibilities listed above, the ESF #8 Coordinator shall request support from volunteer organizations depending on the nature and conditions related to specific emergencies. Requests for support from volunteer organizations shall be coordinated with ESF #5 and/or the CNOEM Coordinator.

C. Emergency Support Function Continuity

There is a need for a line of succession for the ESF #8 Coordinator in order to ensure continuous leadership, authority, and responsibility. The City of Newark Emergency Management Coordinator (CNEMC) and the personnel working within this function shall be kept informed of the following line of succession:

Public Health:

1. Director of DHCW
2. City of Newark Health Officer
3. City of Newark Manager of Environmental Health
4. City of Newark Medical Director of DHCW

Emergency Medical:

1. John Grembowiec, Director of EMS, University Hospital EMS
2. William Dougan, BLS Coordinator, University Hospital EMS
3. Joseph Burlew, REMCS Coordinator, University Hospital EMS
4. Terrence Hoben, ALS Coordinator, University Hospital EMS

When activated, ESF #8 operates from the City of Newark EOC, located at 480 Clinton Avenue, Newark NJ. Alternate locations are as designated in the City of Newark Base Plan Section IV: Direction, Control, and Coordination.

Alternate location for ESF#8 is the Public Health Command Center located at the DHCW 110 William Street Suite 200 Newark, NJ 07102. The ESF#8 Coordinator also has access to a public health mobile command unit the can be activated and stationed where deemed necessary.

VI. Information Collection and Dissemination

Information collection and dissemination protocols and procedures shall be consistent with general emergency response information collection and dissemination protocols and procedures, managed by the Planning Section within the CNEOC, primary and supporting agencies of ESF #8, and outlined in the EOP Base Plan, Section V, Information Collection and Dissemination.

Essential records and logs shall be protected and preserved in accordance with standing departmental orders. Records and logs pertaining to ESF #8 shall be forwarded to the CNEMC to ensure that a complete record of the emergency is available for post operation analysis and possible use in litigation.

VII. Administration, Finance, Logistics

Primary and supporting agencies are responsible for ensuring they have access to the resources necessary to fulfill their responsibilities as described in this ESF. Primary and supporting agencies are expected to provide their own logistical support during response operations and provide reporting to the Logistics and Finance/Administration Sections through the ESF #8 Coordinator. Additional support shall be obtained through requests to the CNEOC Manager by the ESF #8 Coordinator.

In the event that ESF #8 resources are overwhelmed, the ESF #8 Coordinator shall contact the CNEOC Manager who shall request assistance through ESF #5. ESF #5 shall coordinate assistance from NJOEM or other agencies via MOU and MOA and notify the IC. Where appropriate, the requests shall be made using Pre-Scripted Mission Requests (PSMRs) located in ESF #5 Appendix 5.10.

All agencies are expected to finance operations and expenditures from their existing budgets. All response agencies shall accurately track and document all expenditures associated with response operations, and provide this information to the ESF #8 Coordinator who shall transmit this information to the CNEOC Manager. The CNEOC Manager shall then transmit all documentation to the Time Unit in the Finance/Administration Section for the emergency. Financial assistance could be available through Federal Public Assistance and other programs.

The Health Officer is responsible for maintenance of all records and reports required for the public health functions in an emergency.

The Health Officer is responsible for records of expenditures for the public health functions in an emergency.

The procedures for obtaining supplies and equipment during an emergency shall be in accordance with standing departmental orders. The Health Officer shall coordinate with the Deputy Emergency Management Coordinator for all requests for supplies and equipment through mutual aid or from the Essex County OEM.

VIII. Authorities and References

A. Laws, Ordinances, Regulations, Resolutions, and Directives

1. Federal
 - a. As cited in the Base Plan
2. State
 - a. As cited in the Base Plan
 - b. New Jersey Annotated Code 8:52 - Minimum Standards of Performance for Local Board of Health
 - c. New Jersey Annotated Code. 26:3A2-21 - County Environmental Health Act
 - d. Title 24, New Jersey Statutes Annotated: Food & Drugs
 - e. Title 26, New Jersey Statutes Annotated: Health & Vital Statistics
 - f. Chapter 33, N.J.S.A. 13:1D-1
 - g. Chapter 232, N.J.S.A. 13:1D-29
 - h. Title 8 – Chapter 51, N.J.A.C. 8:51
 - i. New Jersey Public Law 1947, N.J.S.A26A-1 et. seq.
3. County
 - a. As cited in the Base Plan
4. City
 - a. As cited in the Base Plan

B References, Guidance Material, and Other Documents

1. Federal
 - a. As cited in the Base Plan
2. State
 - a. As cited in the Base Plan
 - b. New Jersey Office of Emergency Management. Public Health Annex Checklist
 - c. New Jersey Emergency Support Function 8
 - d. New Jersey Department of Health Office of Emergency Medical Services – EMS Preparedness Resources
 - e. JEMS EMS Communication Plan – 4th Edition
 - f. New Jersey State Police O.E.M. Incident Command
 - g. Emergency Medical Service Mutual Aid Agreement between the City of New York’s FDNY and OEM and the State of New Jersey’s OEM, DHSS-OEMS and UH- EMS
 - h. New Jersey State Police Hazardous Materials Response Unit – Hazardous Materials Training Program
 - i. New Jersey Department of Health Office of Emergency Medical Services – Triage Tag System

- j. New Jersey Department of Health Office of Emergency Medical Services – S.T.A.R.T Triage
 - k. NJ Trauma Center Triage Guidelines
 - l. UH Center for BioDefense EMS Response to the Large Scale Incident Program
- 3. County
 - a. As cited in the Base Plan (EMS Task Force Operations Plan)
- 4. City
 - a. As cited in the Base Plan
 - b. Pandemic Influenza Plan
 - c. Point of Dispensing Plan
 - d. Receiving, Staging & Storing Plan
 - e. Strategic National Stockpile
 - f. Public Health Emergency Response Plan
 - g. City of Newark Emergency Medical Services Standardized Emergency Operating Procedures for Major and Mass Casualty Incidents
 - h. Newark Liberty International Airport Emergency Medical Operations Plan
 - i. New Jersey Marine Terminals Emergency Medical Operations Plan
 - j. Prudential Center Emergency Medical Services Emergency Operating Plan
 - k. City of Newark EMS Mobilization Plan

IX. Attachments

A. Appendices

- Appendix 8.1: Resource Directory Database (RDDB)
- Appendix 8.2: Mutual Aid Agreements
- Appendix 8.3: Recall/Duty Roster
- Appendix 8.4: Pre-Designated Locations, Meeting Points, and Points of Distribution
- Appendix 8.5: Equipment/Resource List
- Appendix 8.6: EMS Organizations and Resource Lists
- Appendix 8.7: Hospital Emergency Plans
- Appendix 8.8: Medevac Landing Sites
- Appendix 8.9: Public Health SOPs
- Appendix 8.10: New Jersey Emergency Support Function 8
- Appendix 8.11: JEMS Communications Plan
- Appendix 8.12: Newark Liberty International Airport Emergency Plan
- Appendix 8.13: Prudential Center EMS Response Plan

Appendix 8.1: Resource Directory Database (RDDB)

Current City of Newark entries for the RDDB are available at:

City of Newark, Department of Public Safety
Office of Emergency Management and Homeland Security Division
480 Clinton Avenue 3rd Fl.
Newark, New Jersey 07108

Appendix 8.2: Mutual Aid Agreements

University Hospital Emergency Medical Services (EMS) maintains verbal mutual aid agreements (MAAs) with all area EMS agencies.

Currently, through the Essex County Office of Emergency Management (ECOEM), University Hospital EMS is in the process of developing written MAAs with Essex County EMS agencies.

The Department of Health & Community Wellness (DHCW) has public health contracts with:

- £ Essex Regional Health Commission
- £ QC Laboratory
- £ Associated Humane Society
- £ University Hospital
- £ Midpoint, Inc.
- £ Lab Corp.

Contracts with the above agencies are on file at

DHCW
110 William Street
Newark New Jersey, 07102.

The DHCW has no written MAAs.

Appendix 8.3: Recall/Duty Roster

The Emergency Support Function #8 Coordinator maintains contact information for all Support Agencies, State Support, Private Support, and Volunteer Support. The current ESF #8 Recall/Duty Roster is available at:

DHCW
110 William Street
Newark New Jersey, 07102.

In addition, Recall/Duty Rosters for municipal employees are available at:

City of Newark, Department of Public Safety
Office of Emergency Management and Homeland Security Division
480 Clinton Avenue 3rd Fl.
Newark, New Jersey 07108

The Regional Emergency Medical Communications System (REMCS) also maintains an updated list of on-duty personnel and service equipment for EMS operations within the City of Newark. REMCS is able to communicate with on-duty personnel via radio, pager, and phone.

An EMS recall of off-duty personnel is conducted through an automated phone system known as the Communicator. All EMS personnel are required by policy to provide an active phone number for use with the Communicator system.

Appendix 8.4: Pre-Designated Locations, Meeting Points, and Points of Distribution

The Emergency Support Function #8 Coordinator maintains information for all pre-designated locations, meeting points, and points of distribution. The current ESF #8 information regarding Pre-Designated Locations, Meeting Points, and Points of Distribution is available at:

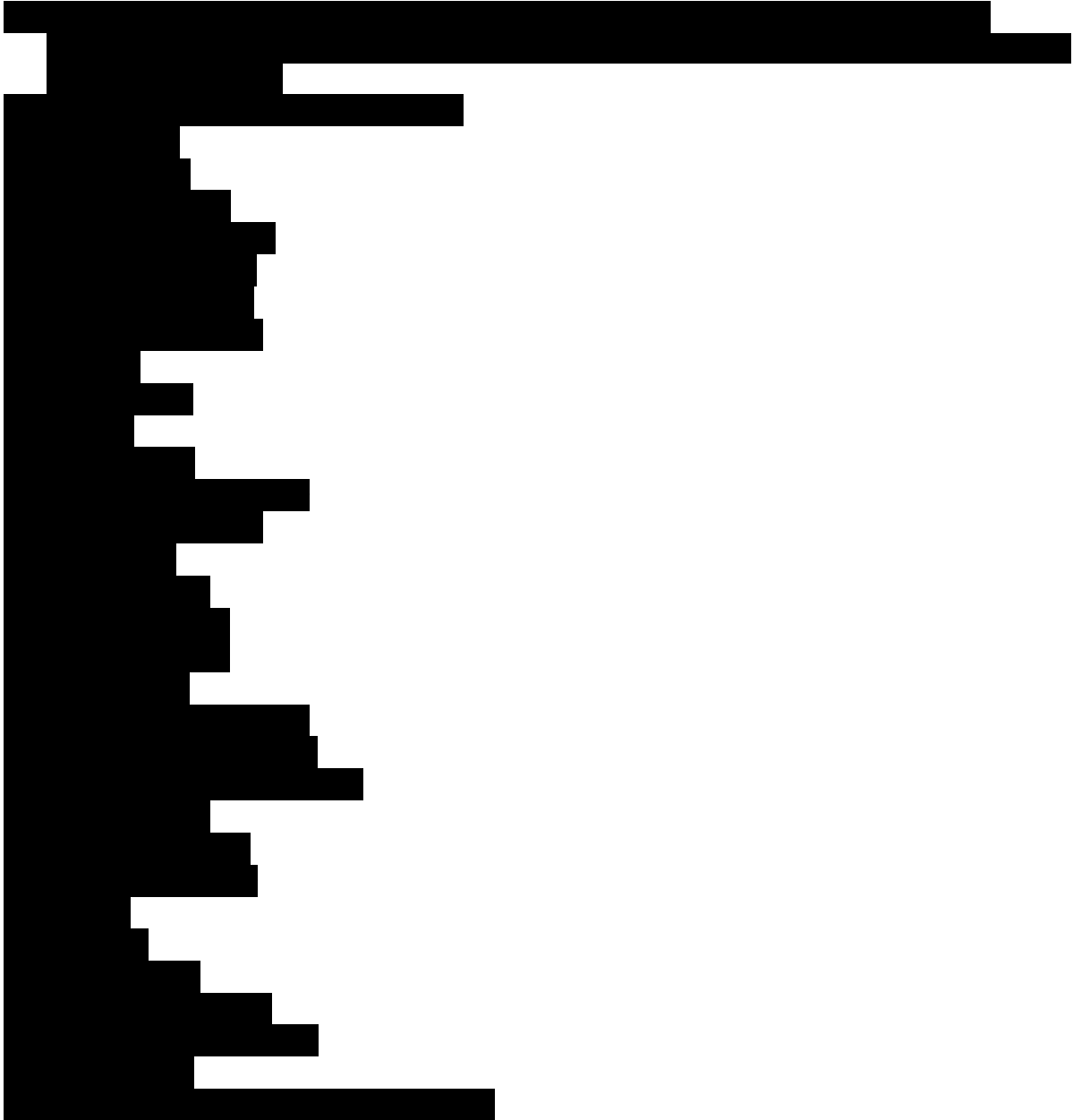
DHCW
110 William Street
Newark New Jersey, 07102

Appendix 8.5: Equipment/Resource List

A list of equipment/resources for emergency public health response is on file at

DHCW, Division of Surveillance and Prevention
110 William Street
Newark New Jersey, 07102

The DHCW Division of Surveillance & Prevention has purchased the following specialized equipment:



[REDACTED]

DHCW Division of Surveillance and Prevention has contracted with three City of Newark-based hospitals for Level B WMD response to handle a minimum of 1,000 patients:

[REDACTED]

The following specialized equipment could be obtained from other support agencies:

[REDACTED]

Appendix 8.6: EMS Organizations and Resource Lists

EMS Organizations and Resource Lists

EMS Agency	Members/ Employees	EMTs	Paramedics	RNs	EMT Dispatchers
Licensed EMS Provider					
UHEMS	279*	117	103	10	49
Volunteer EMS Provider					
IFAS	50	22			
TOTAL	329	139	103	10	49

EMS Agency	Members/ Employees	EMTs	Paramedics	RNs	EMT Dispatchers
Licensed EMS Provider					
UHEMS	279*	117	103	10	49
Volunteer EMS Provider					
IFAS	50	22			
TOTAL	329	139	103	10	49

Appendix 8.7: Hospital Emergency Plans

Hospital Emergency Plans for the three City of Newark hospitals are on file at:

University Hospital Emergency Medical Services
65 Bergen Street Suite 430
Newark, NJ 07103
Phone: (973) 972-3480

Appendix 8.8: Medevac Landing Sites

Landing Zone Name	Latitude	Longitude
BLOOMFIELD AVE & LAKE ST		
BLOOMFIELD AVE & ROSEVILLE AVE		
LAKE ST & BALLENTINE PKWY		
RT 78 EXIT 56		
RT 280 MP 14		
RT 78 MP 55		
RT 21 MP 5		
RT 78 MP 56		
S. ORANGE AVE & MUNN AVE		
RT 21 / GRAFTON AVE		
RT 21 / CHESTER AVE		
NJTP MP 103		
NEWARK DOCK		
NEWARK INTL ARPT		
NJTP EXIT 14		
NJTP MP 104		
PORT NEWARK BUILDING 260		
MANOR DR & MT VERNON PL		
UNIVERSITY HOSPITAL (NJ87)		

Appendix 8.9: Public Health SOPs

Public Health standard operating procedures (SOPs) are incorporated in the New Jersey Department of Health and Senior Services Practice Standards of Performance. These documents are kept on file at

DHCW
110 William Street
Newark New Jersey, 07102

Appendix 8.10: New Jersey Emergency Support Function 8 (ESF #8)

The New Jersey ESF #8 is available on file at

University Hospital Emergency Medical Services
65 Bergen Street Suite 430
Newark, NJ 07103
Phone: (973) 972-3480

or online at http://www.state.nj.us/health/ems/documents/esf_8.pdf

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Appendix 8.11: JEMS Communications Plan

The following 18 pages contain the JEMS Communications Plan.

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State of New Jersey
Department of Health and Senior Services
Office of Emergency Medical Services

EMS COMMUNICATIONS PLAN JEMS – 4TH EDITION

Created January 1980
Revised March 2006

I. INTRODUCTION

Communications in Emergency Medical Services (EMS) has been aptly compared with the nervous system in higher organisms. Through the communications system, messages of varying complexity are transmitted to other components of an EMS System – such as rescue or ambulance services, hospital emergency departments, to effect their responses to emergency situations. During the emergency period, the responses may be augmented or altered in accordance with new information transmitted via the communications systems.

The efficiency of the EMS response is largely dependent on the communication among components in the EMS network. A well planned, integrated communications system, with direct radio, and/or landline access to all components, will provide the most rapid transmittal of messages among components and result in minimal response times.

Communications is important for an EMS system from both a medical and legal standpoint. Acceptable medical practices, and controls in pre-hospital and in emergency department care, are essentially developed by the medical profession. To extend these practices into the field to be performed by allied health personnel necessitates medical supervision especially for advanced pre-hospital techniques. This can be accomplished by either wire or wireless communications.

EMS in New Jersey is presently provided with a communication system utilizing VHF high band (155 MHz.) to dispatch ambulances and to connect the hospital bound Emergency Room with Emergency Medical Technician (EMT) at the scene. Since May of 1976, an UHF telemetry system has been used by the Mobile Intensive Care Units (MICU's). The decision to send an EKG tracing via t e l e m e t r y is made by the physician providing on-line care of the specific patient State of New Jersey EMS Communications Plan and in accordance with medical protocols approved by the New Jersey Department of Health and Senior Services. In 1998, the New Jersey State Police in cooperation with the regional communications centers deployed a state wide 800MGz. Interdepartmental radio network. This allowed all regional communication centers to communicate seamlessly across the state.

Finally, this communications plan is designed to the extent possible, considering the limited frequencies available, for the existing and projected EMS needs of the State and for the techniques, which are employed in the field and the emergency department. A key objective of this plan is to provide a communications system that will allow emergency departments to communicate, in the most efficient way possible, with EMS units in the field to provide prompt and timely delivery of medical services, via medical coordination and supervision, in response to human health emergencies. Given the limitations, this EMS communications plan reflects a priority in favor of critical patient situations.

II. EMS IN NEW JERSEY

A. General

The New Jersey Department of Health and Senior Services is the statutory public health agency of New Jersey. The Prehospital health care delivery system of New Jersey is planned, improved and supervised by the Department with the assistance of the New Jersey State First Aid Council and other health agencies. A semi-mountainous area in extreme Northwestern New Jersey is an obstacle to EMS communications. The hills there range in height from 800 to 1800 feet and contain significant levels of iron ore. On the other hand, a more serious barrier to EMS communications in New Jersey is the highly congested nature of its manmade and urbanized environment. New Jersey is a comparatively small state in terms of surface area. It is, however, the most densely populated state in the nation. Nearly two thirds of the state's population live in the Metropolitan New York area while still another sixth is found in close proximity to Philadelphia.

In practical terms, a majority of New Jersey's citizens are actually sandwiched between the tall structures of New York City and Philadelphia. The state's two towering neighbors are a barrier to essential radio traffic. Radio interference between New Jersey and neighboring population centers is a problem. Both New York City and Northern New Jersey suffer serious disruptions in essential broadcasts. Philadelphia and Southern New Jersey have had similar experiences. However, the most serious problems with EMS communications are the daily disruptions and endless interference caused by non-EMS providers, such as school buses, hospital security systems, medical transportation services, etc., which have been authorized by the FCC to share the same scarce frequencies used by the Emergency Medical Services.

Basic Life Support (BLS) is coordinated by many forms of dispatch and control. Many of the BLS squads in New Jersey are dispatched via home alert or portable alert monitors. Often, New Jersey BLS services share dispatchers with fire and police services. EMS communications are tailored and mitigated by the caprices of local custom. Multiple radio frequencies are used to dispatch emergency care vehicles at the local level. Many of New Jersey's EMS providers avail themselves of the state designated frequency JEMS 2 (155.340 MHz) for two-way voice communications between ambulances and hospitals. The beginning of a BLS communications network exists in the state. However, the network simply will not fulfill its assigned role unless all EMS providers cooperate in a systems approach.

A closer ongoing relationship between the delivery of emergency care and a sound foundation for that care through communications is found at the Advanced Life Support (ALS) level in New Jersey. New Jersey ALS units (MICU) often share the same VHF frequencies for dispatch with BLS units but

utilize the UHF MED channels for medical control and coordination. With the amount of users on these channels, it is clear that systemization of EMS Communications in New Jersey is paramount. While this document attempts to encapsulate current technology, the rapid advancement of other methods of communication may not be addressed.

B. Access

A goal of this plan is to ensure that every citizen of New Jersey be able to obtain emergency care as promptly as possible. National EMS experience suggests that coordinated dispatch with enhanced 9-1-1 is the optimum way to deliver emergency services. In 1977, the Attorney General appointed the Statewide Police Emergency Network Task Force to access all New Jersey police telecommunications. The Task Force prepared a report on its findings, which recommended that: *"It be the policy of the State of New Jersey, in accordance with national policy, to encourage the implementation of 9-1-1 throughout the State"*

In 1986, the Emergency Response System Study Commission of New Jersey found that it was apparent that public access of New Jersey's emergency services was woefully inadequate and that the need for 9-1-1 was obvious. Since that time, 9-1-1 capability has been installed in all 21 counties. 9-1-1 has provided a uniform emergency access number, which can greatly reduce life threatening delays in the delivery of emergency care, as it has done elsewhere throughout the nation. 9-1-1 is a boom to emergency care.

C. Dispatch

Since October 22, 1986, the Special Emergency Radio Service (SERS) frequencies shared by EMS have been coordinated jointly by IMSA (International Municipal Signal Association), IFCA (International Fire Chiefs Association), and NABER (National Association of Business and Educational Radio). The Emergency Medical Radio Service (EMRS) was established to provide stricter access to frequencies. However, with the impending split in frequencies from 25MHz to 12.5MHz, the potential for interference from older equipment may prove to be a significant problem.

Dispatch of both BLS and ALS is currently done on a myriad of frequencies. ALS vehicles carry various radios linked to BLS units in the field. MICU hospitals have UHF and VHF capability and, therefore, exercise a large measure of medical coordination in the field. Hospitals are able to communicate with BLS units through VHF radios on JEMS 2 (155.340 MHz.)

The extension of New Jersey's coordinated dispatch capabilities to new areas will be definite advantage in the statewide movement toward improved emergency care. An expansion of the state's current ALS delivery mechanism

requires improved coordinated dispatch capability. With the advent of the New Jersey State Police radio network being available for command and control, the RCC's have the ability to communicate freely across jurisdictional boundaries.

The New Jersey Department of Health and Senior Services supports and encourages training requirements for dispatchers, and for the development and implementation of pre-arrival instructions to callers of 9-1-1. To this end, a standing committee to the EMS Council was established to review and recommend such requirements.

III. SYSTEM DESCRIPTION

Frequency and Signaling Plan (Statewide) for VHF and UHF The following frequency and signaling plan is utilized to enable all EMS vehicles, dispatch centers, and hospitals to communicate with each other in order to coordinate activities anywhere in the state. This plan also allows out-of-state EMS vehicles and dispatch centers to interface with New Jersey EMS.

A. VHF Radios

Mobile and portable Radios are required on the JEMS systems for all licensed ALS and BLS providers. The four channels are determined as follows:

JEMS 1 – Local Dispatch Primary channel used to communicate to local Dispatch center, regardless of frequency band.

JEMS 2 – [REDACTED]

JEMS 3 – [REDACTED]

JEMS 4 – [REDACTED]

EMS agencies licensed by the NJDHSS are required to have an additional channel, which enables the ambulance personnel to contact an approved MICU dispatch center. These frequencies are listed in the ambulance rules (N.J.A.C.8:40, Appendix A). Additional channels may be added to JEMS mobile and portable radios provided that all four JEMS channels are in accordance with the state plan. [REDACTED]

Four-digit numbers are assigned for DTMF dialing. Each number is used to call a specific agency or facility within any New Jersey county. DTMF dialing is used to selectively call hospital emergency department on JEMS 2, and also used by mobiles in calling regional dispatch centers on JEMS 3. The DTMF/dial numbers appear on (Table 2). NJDHSS office of EMS will assign DTMF numbers.



B. UHF Radios

In order to provide immediate access to physician medical directions, several UHF frequencies have been reserved for the exclusive purpose of providing on line medical control. New Jersey law requires MICU personnel to contact a physician each time a patient is treated. Mobile Intensive Care Units (MICU) use UHF radio channels in accordance with Part 90 of the FCC Rules and Regulations pertaining to the Emergency Medical Radio Service (EMRS).

The UHF system also used continues tone coded sub-audible squelch; a countywide or a common MICU consortium CTCSS tone is used to call the local MICU hospital. These tones are listed on Table 3.

C. 800 Mhz radio

The statewide 800 trunked network contains various regional talkgroups and a state wide talk group. Agencies that may operate on this network include; all RCC's, other MICU dispatch points, NJDOHSS, NJSFAC, NJSP and NJTF1.

D. Emergency Medical Helicopter Response Unit

New Jersey's medical helicopters are equipped with multi-frequency radios, which can tune in to any of the JEMS frequencies as well as VHF fire and police frequencies. In addition, the helicopters are equipped with 800MHz trunking radios. These radios are interfaced with MICU communications matrix's at the University Hospital in Newark and Virtua Health MEDCOM in Voorhees.

In the field, the helicopter medical crew will use portable radios and state police 800 MHz channel trunking system. This system allows the medical

crew to be directly patched to a regional trauma center or other critical care centers from anywhere in the state.

E. Inter-operability



IV. Minimum Equipment Standards

A. JEMS Base Stations

1. VHF DISPATCH FACILITY

One primary single channel CTCSS (transit & receive) tone-controlled base station operational on JEMS 1 (mandatory for ALS and BLS dispatch agencies). One primary CTCSS (transit & receive) tone-controlled VHF simplex base station operational with local DTMF decode on JEMS 3 (mandatory for ALS centers optional for BLS dispatch centers).

2. REGIONAL ALS COORDINATING CENTER

Ability to transmit on Med. 1 – 10 on appropriate side of paired frequencies and other frequencies as determined by the New Jersey Department of Health and Senior Services. Ability to transmit and receive on JEMS 1, 2, & 3 Time-out Timers on all transmitters (Max. setting to be determined by ALS coordinating centers). Ability to route medical control channels to MICU hospital for medical control.

3. HOSPITAL EMERGENCY DEPARTMENT

It is recommended, emergency departments have a single channel JEMS2 DTMF carrier squelch mode controlled VHF simplex base station. Time-out Timers on all transmitters set at max. of 90 seconds.

4. MICU MEDICAL COMMAND SITE

Medical command sites shall have the capability to receive and transmit voice communications to the paramedic/MICN at the patients beside. In addition, have the capability to receive ECG transmissions from the field.

B. JEMS RADIOS

1. VHF Mobile

Shall have a minimum of the four JEMS channels. It is recommended that additional capability be utilized so that interoperability between adjacent MICU and EMS agencies. DTMF encoder. Time-out Timer on all transmitters (maximum setting of 60 seconds).

2. VHF Portable

Shall have a minimum of the four JEMS channels. It is recommended that additional capability be utilized so that interoperability between adjacent MICU and EMS agencies. DTMF encoder. Time-out Timer on all transmitters (maximum setting of 60 seconds).

3. PORTABLE MEDICAL COMMAND COMMUNICATIONS

Medical command portable shall have the capability to receive and transmit voice communications to the Medical Command Physician from the patients beside. In addition, the paramedic/MICN shall have the capability to transmit ECG transmissions to medical command. Transmitting voice and data may be done on separate devices.

V. **TYPICAL SYSTEM OPERATIONS**

1. ACCESS

Public education in cooperation with New Jersey Telecommunications will be used to inform citizens of how and when to request EMS. When the need for EMS arises, a citizen will activate the system by dialing 9-1-1.

2. DISPATCH

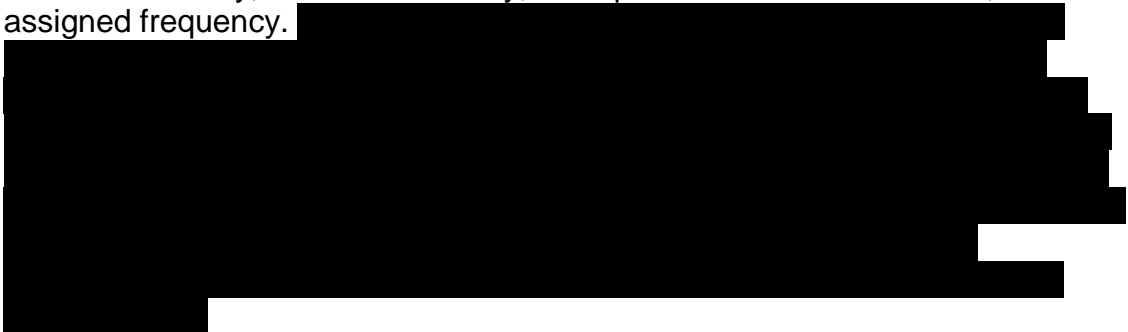
Dispatch centers will secure the necessary information, pinpoint the caller's location, via a manual or computer file, and select the appropriate EMS assistance utilizing pre-established medical dispatch protocols. All assistance will be dispatched simultaneously. Depending on the patient's medical need, the EMS assistance may include any of the following:

- a) Pre-arrival instruction from a certified Emergency Medical Dispatcher
- b) First responders
- c) Basic life support and advanced life support
- d) Newark Fire Division units
- e) Rescue/extrication units
- f) JEMSTAR- aero-medical program
- g) Other public safety and community resources

The dispatch center will advise callers of the appropriate action to take until help arrives and provide pre-arrival instructions. EMS providers will be mobilized via wireless/wire, telephones, and/or radio tones alerting.

3. RESPONSE

Field units utilizing radios, will advise the dispatch center as they begin their response, arrive at the scene, begin transport to acute care facility, arrival at acute care facility, and as necessary, or request additional assistance, on their assigned frequency.



The State Office of Emergency Medical Services and the communications committee recognize that EMS communications are forever changing. This plan is intended to guide EMS agencies in the use of technologies, as it becomes available. However, the department and its communications committee are committed to periodic review and revision of this plan as technology changes.

TABLE 1
VHF CHANNELS TO REGIONAL MICU COMMUNICATION CENTERS
(BY COUNTY)

COUNTY	FREQUENCY	CTCSS	AREA
Atlantic		118.8	County Wide
Bergen		192.8 100.0	Eastern portion Western portion
Burlington		127.3	County Wide
Camden		192.8	County wide
Cape May		118.8	County wide
Cumberland		179.9	County wide
Essex		100.0 127.3	County except Newark Newark
Gloucester		167.9	County wide
Hudson		146.2	County wide
Hunterdon		146.2	County wide
Hunterdon		192.8	County wide
Mercer		103.5	County wide
Middlesex		103.5	County wide
Monmouth		151.4	County wide
Morris		241.8	County wide
Ocean		186.2	County wide
Passaic		100.0	County wide
Salem		186.2	County wide
Somerset		*	County wide
Sussex		*	County wide
Union		85.4	County wide
Warren		*	County wide

* to be determined

Table 2
JEMS DTMF RADIO DIRECTORY

JEMS 2/3 – COUNTY AND REGIONAL DISPATCH CENTERS
(Note: The numbers in parenthesis denote the hospital codes)

ATLANTIC	
Atlantic City Medical Center – City (5101) 1925 Pacific Ave. Atlantic City, NJ 08401	Atlantic City Medical Center – Mainland (5104) Jimmie Leeds Rd. Pomona, NJ 08240
Shore Memorial Hospital (5102) 1 East New York Ave. Somers Point, NJ 08244	William B Kessler Memorial (5103) 600 S White Horse Pike
BERGEN	
Bergen Regional Medical Center (5201) 230 E Ridgewood Av Paramus, NJ 07652	Englewood Hospital & Medical Center (5202) 350 Engle St Englewood, NJ 07631
Hackensack University Medical Center (5204) 30 Prospect Av Hackensack, NJ 07601	Holy Name Hospital (5205) 718 Teaneck Rd Teaneck, NJ 07666
Pascack Valley Hospital (5206) 250 Old Hook Rd	Valley Hospital 223 (5210) N Van Dien Av Ridgewood, NJ 07450
BURLINGTON	
Lourdes Med. Center. - Burlington County (5303) 218-A Sunset Rd Willingboro, NJ 08046	Virtua Memorial Hospital (5301) 175 Madison Ave. Mt. Holly, NJ 08060
Virtua West Jersey Hospital Marlton (5302) 90 Brick Road Marlton NJ 08053	
CAMDEN	
Cooper University Hospital (5402) 1 Cooper Plaza Camden, NJ 08103	Kennedy Memorial Hospital - Cherry Hill (5401) 2201 Chapel Av West Cherry Hill, NJ 08002
Kennedy Memorial Hospital – Stratford (5403) 18 E Laurel Rd Stratford, NJ 08084	Our Lady of Lourdes Medical Center (5404) 1600 Haddon Av Camden, NJ 08103
CAPE MAY	CUMBERLAND
Burdette Tomlin Memorial Hospital (5501) 2 Stone Harbor Blvd Cape May Court House, NJ 08210	SJH Regional Medical Center (5603) 1505 W Sherman Av. Vineland, NJ 08360

ESSEX			
Clara Mass Medical Center 1 Clara Mass Dr. Belleville, NJ 07109	(5701)		
East Orange General Hospital 300 Central Ave. East Orange, NJ 07018	(5702)	Mountainside Hospital 1 Bay Ave. Montclair, NJ 07042	(5709)
Newark Beth Israel Medical Center 201 Lyons Ave. Newark, NJ 07112	(5710)	St. Barnabas Medical Center 94 Old Short Hills Rd. Livingston, NJ 07039	(5710)
		St. Michael's Medical Center 268 Dr. Martin Luther King Jr. Blvd. Newark, NJ 07102	(5714)
University Hospital 150 Bergen St. Newark, NJ 07103	(5707)		
GLOUCESTER			
Kennedy Memorial Hosp. – Washington 435 Hurffville-Cross Keys Road Turnersville, NJ 08012	(5802)	Underwood Memorial Hospital 509 N. Broad St. Woodbury, NJ 08096	(5801)
HUDSON			
Bayonne Medical Center 29 E. 29 th St. Bayonne, NJ 07002	(5901)	Christ Hospital 176 Palisade Ave. Jersey City, NJ 07306	(5902)
Greenville Hospital 1825 John F. Kennedy Blvd. Jersey City, NJ 07305	(5903)	Jersey City Medical Center 355 Grand St. Jersey City, NJ 07304	(5905)
Meadowlands Medical Center 55 Meadowlands Parkway Secaucus, NJ 07094	(5907)	Palisades Medical Center 7600 River Rd. North Bergen, NJ 07047	(5911)
St. Mary Hospital – Hoboken 308 Willow Ave. Hoboken NJ 07030	(5909)		
HUNTERDON			
Hunterdon Medical Center 2100 Westcott Dr. Flemington, NJ 08822	(6001)		
MERCER			
Capital Health System – Fuld 750 Brunswick Ave. Trenton, NJ 08638	(6103)	Capital Health System – Mercer 446 Bellevue Ave. Trenton, NJ 08618	(6104)
Robert Wood Johnson at Hamilton 1 Hamilton Health Pl. Hamilton Square, NJ 08690	(6102)	St. Francis Medical Center 601 Hamilton Ave. Trenton, NJ 08629	(6106)
University Medical Center at Princeton 253 Witherspoon St. Princeton, NJ 08540	(6105)		

MIDDLESEX

JFK Medical Center 65 James St. Edison, NJ 08820	(6201)	Raritan Bay Medical Center-Old Bridge 1 Hospital Plaza Old Bridge, NJ 08857	(6206)
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Raritan Bay Med. Cntr – Perth Amboy 530 New Brunswick Ave. Perth Amboy, NJ 08861	(6205)	Robert Wood Johnson University Hosp. 1 Robert Wood Johnson Place New Brunswick, NJ 08901	(6202)
--	--------	--	--------

St. Peter's University Hospital 254 Easton Ave. New Brunswick, NJ 08901	(6204)
---	--------

MONMOUTH

Bayshore Community Hospital 727 N. Beers St. Holmdel, NJ 07733	(6301)	CentraState Medical Center 901 West Main St. Freehold, NJ 07728	(6302)
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Jersey Shore University Medical Center 1945 State Route 33 West Neptune, NJ 07753	(6303)	Monmouth Medical Center 300 Second Ave. Long Branch, NJ 07740	(6304)
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Riverview Medical Center 1 Riverview Plaza Red Bank, NJ 07701	(6305)
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MORRIS

Chilton Memorial Hospital 97 West Parkway Pompton Plains, NJ 07444	(6401)	Morristown Memorial Hospital 100 Madison Ave. Morristown, NJ 07960	(6404)
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St. Clare's Hospital – Denville 25 North Pocono Rd. Denville, NJ 07834	(6406)	St. Clare's Hospital – Dover 400 West Blackwell St. Dover, NJ 07801	(6403)
--	--------	---	--------

OCEAN

Community Medical Center 99 State Route 37 West Toms River, NJ 08755	(6501)	Kimball Medical Center 600 River Ave. Lakewood, NJ 08701	(6502)
--	--------	--	--------

Ocean Medical Center 425 Jack Martin Blvd. Brick, NJ 08724	(6505)	Southern Ocean County Hospital 1140 West Bay Ave. Manahawkin, NJ 08050	(6504)
--	--------	--	--------

PASSAIC

Barnert Hospital 680 Broadway Ave. Paterson, NJ 07514	(6601)	PBI Regional Medical Center 350 Boulevard Passaic, NJ 07055	(6602)
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St. Joseph's Regional Medical Center 703 Main St. Paterson, NJ 07503	(6605)	St. Joseph's Wayne Hospital 224 Hamburg Turnpike Wayne, NJ 07470	(6603)
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St. Mary's Hospital – Passaic	(6606)
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SALEM

211 Pennington Ave. Passaic, NJ 07055 SJH Elmer Hospital 2 West front St. Elmer, NJ 08318	(6701)	The Memorial Hospital of Salem County 310 Woodstown Rd. Salem, NJ 08079	(6702)
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New Jersey Emergency Medical Services Communication Plan

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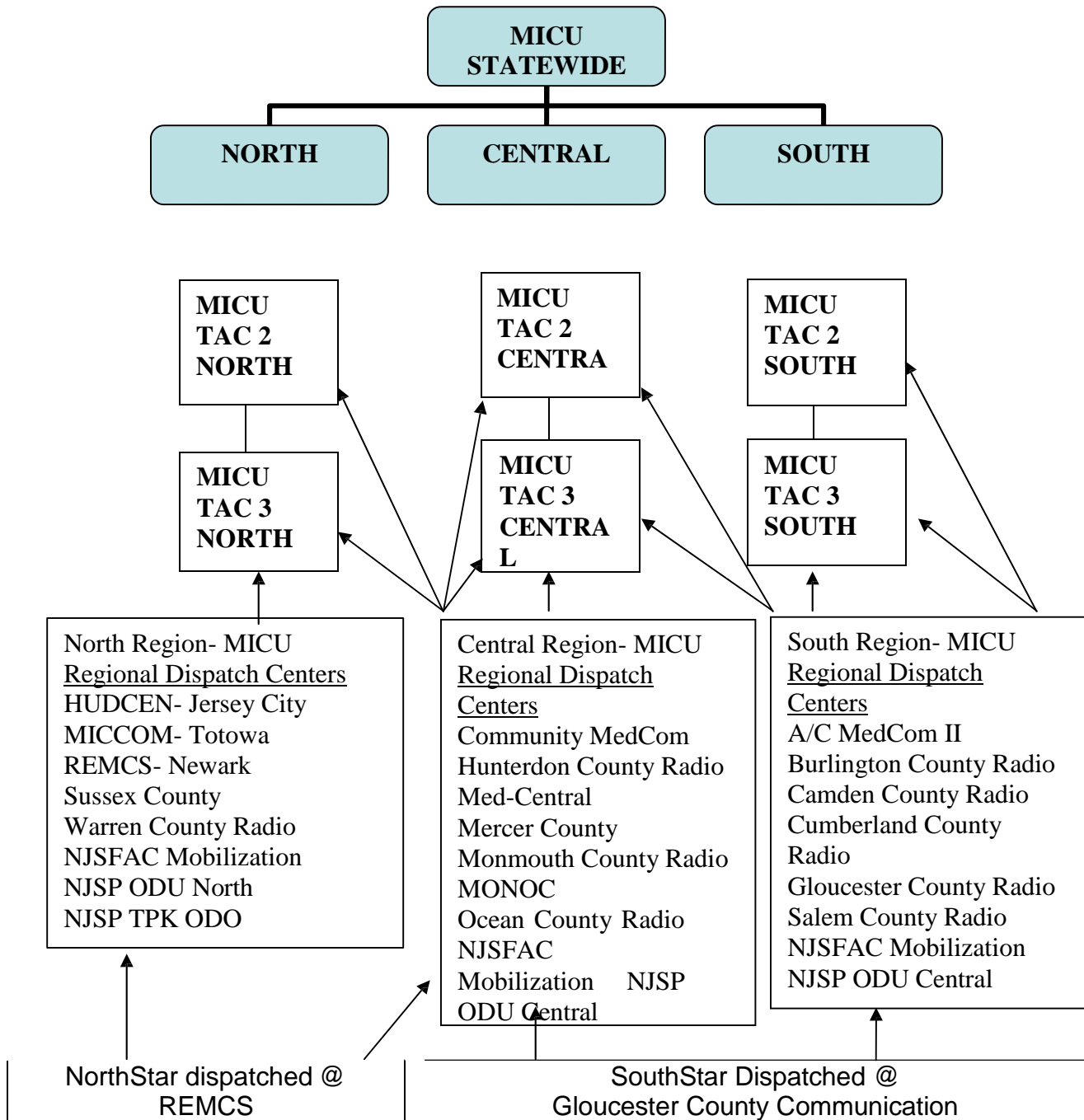
SOMERSET			
Somerset Medical Center 110 Rehill Ave. Somerville, NJ 08876		(6802)	
SUSSEX			
Newton Memorial Hospital 175 High St. Newton, NJ 07860		(6903)	St. Clare's Hospital – Sussex 20 Walnut St. Sussex, NJ 07461 (6902)
UNION			
Muhlenberg Regional Medical Center 1200 Randolph Rd. Plainfield, NJ 07060		(7004)	Overlook Hospital 99 Beauvoir Ave. Summit, NJ 07901 (7005)
Robert Wood Johnson at Rahway 865 Stone St. Rahway, NJ 07065		(7006)	Trinitas Hospital 225 Williamson St. Elizabeth, NJ 07202 (7007)
Union Hospital 1000 Galloping Hill Union, NJ 07083		(7003)	
WARREN			
Hackettstown Community Hospital 651 Willow Grove Hackettstown, NJ 07840		(7101)	Warren Hospital 185 Roseberry St. Phillipsburg, NJ 08865 (7102)

TABLE 3

**CTCSS ASSIGNMENTS
(BY COUNTY)**

COUNTY	STATEWIDE	LOCAL
Atlantic	141.3	156.7
Bergen	141.3	192.8
Burlington	141.3	167.9
Camden	141.3	162.2
Cape May	141.3	179.9
Cumberland	141.3	206.5
Essex	141.3	203.5
Gloucester	141.3	173.8
Hudson	141.3	146.2
Hunterdon	141.3	156.7
Mercer	141.3	151.4
Middlesex	141.3	186.2
Monmouth	141.3	179.9
Morris	141.3	162.2
Ocean	141.3	210.7
Passaic	141.3	210.7
Salem	141.3	186.2
Somerset	141.3	206.5
Sussex	141.3	167.9
Union	141.3	179.9
Warren	141.3	179.9

**State of New Jersey Emergency Medical Service
MICU Communication System
State Police Trunked Network**



UH REMCS will act as the lead agency, responsible for interaction with the New Jersey State Police Radio Maintenance Unit. All billing for each unit usage will be sent by the NJSP to REMCS who in turn will create an invoice for each user agency.

The system operates on the New Jersey State Police 800Mhz. radio network utilizing type II trunked radios. The purchase of and the maintenance for the radios is the users responsibility. All programming will be arranged by REMCS.

Each agency may have a base control station and 1 portable. Requests for additional units will be reviewed by REMCS (ie. Mobile field com is appropriate).

Appendix 8.12: Newark Liberty International Airport Emergency Plan

The following 64 pages contain the Newark Liberty International Airport Emergency Plan.

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From DOT / FAA AC 150 / 5200-31A Airport Emergency Plan

1-2 Definition

An airport emergency is any occasion or instance, natural or man made, that warrants action to save lives and protect property and public health. The Airport Emergency Plan should address those emergencies that occur on, or directly impact an airport or adjacent property that: 1) is within the authority and responsibility of the airport to respond; or 2) may present a threat to the airport because of the emergency at the airport.

1-3 General

An emergency can occur anywhere, at any time, day or night, under any weather condition, and in varying degrees of magnitude; it can occur instantaneously or develop slowly; it can be natural, such as a hurricane or earthquake, or it can be man made, such as a hazardous materials spill, civil unrest, major fire or power outage. Moreover, emergencies of the same type can differ widely in severity, depending on factors such as degree of warning, duration, and scope of impact. The important thing to remember is that, while emergencies can seldom be exactly predicted, they can be anticipated and prepared for.

The potential for disaster exists everywhere, and the cost suffering, life, and property can be devastatingly high. Since emergencies are perceived as low probability events and because preparedness requires cost in time and finances, the importance of such planning can often be overlooked. However, airports and communities that experience such disasters can pay a high price if they are not prepared. In addition to health and safety problems, social disruption, lawsuits, negative publicity and psychological after effects may result. While every contingency cannot be anticipated and prepared for, a strong emergency preparedness program can assist in limiting the negative impact of these events, including liability and other post emergency issues.

I.3 Legal Compliance

This plan covers the Emergency Medical Service responsibilities, as outlined in the Newark Liberty International Airport Emergency Operations Plan, required under 14 CFR Part 139.325, Airport Emergency Plans.

I.4 Memorandum Of Agreement

“The boundary line of two counties and two large cities divides Newark Liberty International Airport. The northern section of the airport is located in Essex County in the City of Newark while the southern portion is located in Union County in the city of Elizabeth. In emergencies, University Hospital EMS has procedures for additional support if it is needed”

Based on the above, which was taken from the Newark Liberty International Airport Aircraft Emergency Plan, Medical Part, Chapter 7, 7-1, it would stand to reason that a memorandum of agreement between the above agencies not only exists, but is imperative to the smooth and orderly establishment of operations in the event of emergency conditions at NLIA. It would also stand to reason that in the event of an off-site disaster in the neighboring city and county, pre-established agreements would also aid in the implementation of operations, and establish the role of UH-EMS in that operation.

G.1 System Operational Levels

In an effort to differentiate emergency operating conditions against day-to-day events in busy systems, use of operational levels will assist in quantifying the system status for all personnel.

System Operational Levels is broken into two categories

II.1.1 HSAS Threat Alert Conditions

- € Determines how EMS will respond to a particular threat condition
- € Establishes measures to be taken

II.1.2 MCI/Disaster Levels

- € Determines how EMS will respond to a particular MCI / Disaster condition
- € Establishes measures to be taken

By clearly communicating these levels to personnel, protocols can be implemented that will greatly assist in the management of particular incidents.

An MCI Disaster condition may exist on top of an already established HSAS threat condition.

The HSAS condition code may change during an MCI Disaster or may change as a direct result of the MCI Disaster.

[Guide for Communications](#)

II.1.1 Activation / Confirmation of Appropriate MCI protocol

Performed by:

- € REMCS or
- € First Arriving EMS or First Responder unit

Actions:

- € **Confirm EMS Response**
- € Based on credible 911 caller confirming the incident (including crash box, PAPD, NPD, NFD, Multiple 911 calls), or on scene confirmation / request by an EMS unit or First Responder Unit.

1.level 1- Limited	>10 Ambulatory and or 5-10 Non-Ambulatory
2. Level 2- Multi	11-40 Non Ambulatory
3. Level 3 MASS	> 40 Non Ambulatory

DISPATCH:

- € Utilize appropriate radio procedure
- € Broadcast “This is not a drill”



Example (Aircraft Emergency Scenario)

[Redacted]

[Redacted]

[Redacted]

II.1.2 Initial response and notification

Initial Response Assumption
[Redacted]

[Redacted]

Performed by:

[Redacted]

Actions:

[Redacted]

[Redacted]

[Redacted]

LEVEL 1 Limited:

Recommended response based on patient count



Notification:



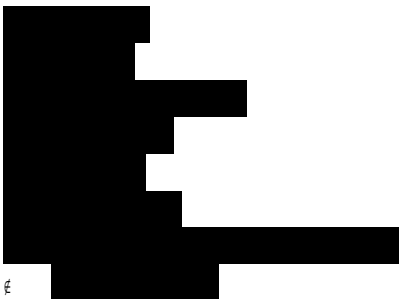
LEVEL 2 Multi:



£ 10 BLS



LEVEL 3 Mass:



Notifications:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

☒ Phone Notifications

- EMS Director
- Hospital AOC / Nursing Admin
- City of Newark OEM
- County of Essex OEM
- NJSP OEM

DISASTER PLAN ACTIVATION:

- The Following Plans may be activated based on the severity of the Emergency:
- Refer to specific plan Activation Protocol
 - EMS Emergency Operations Plan
 - EMS Mutual Aid Plan
 - University Hospital Emergency Operations Plan
 - City of Newark Medical Annex
 - County of Essex Medical Annex
 - State of New Jersey Medical Annex (ESF-8)

II.1.3 Establish Communication Command

Performed by:

- € On-Duty Communications Supervisor or
- € Designee

Actions:

- € Designate a **Communications Incident Coordinator**
 - This is the REMCS Personnel that will be coordinating the MCI actions in REMCS
- € Designate a **Incident Dispatcher**
 - Communicates with the on-scene Branch Director
- € **Incident Communications (EMS Branch Channel 6)**
- € **On scene “point to point” communication (Channel 7) 15 or 16**
- € **Call Channel Mutual Aid Response (JEMS 4)**
 - **Transport (JEMS 3) or MED 10**

II.1.4 Modify CAD System

Performed by:

- € Communications Incident Coordinator or
- € Incident Radio Dispatcher

Actions:

- € Upon confirmation of the incident, REMCS will create a “900 Call” in the CAD system to track all Mutual Aid Units and all information regarding the incident.

- EMS units will be assigned to the incident in the CAD
- The CAD entry will include all information regarding the emergency
- EMS Command Staff
- Triage, Treatment, Transport Groups
- Patient Tracking Information (Name, Sex, Age, Tag Number, Priority, Destination)

II.1.5 On Scene Support

Performed by:

- € Incident Dispatcher
- € Communications Incident Coordinator

Actions:

- € Prompt First Due for MCI Level recommendation
 - Initiate level based on information available
- € Prompt for Initial Report and timing of progress reports
- € Identify Command / Location of Command Post
 - Repeat process for each change in command

Command Can Only be assumed by an on-scene unit

- € Assign the Incident a Channel (Channel 6)
- € Advise inbound units of assigned channel
- € Attempt to comply with all Branch Director requests for additional resources.

- Trust the Branch Director's judgment. If a requested resource is available, assign it. If the requested resource is unavailable or will be delayed, advise the Branch Director of current and projected status.
 - All "special" resource requests (outside the arena of operations familiar to EMS Communications center) should be coordinated through the appropriate EOC where applicable.
- € Confirm that all responding units understand key information.

II.1.6 Assess System Status Management

Performed by:

- € Incident Dispatcher or
- € Communications Incident Coordinator

Actions:

- € Assess system status and modify normal operations as necessary to maintain minimum system coverage and provide EMS resources for MCI support.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- € Define minimum system coverage during particular incident

II.1.7 Assess Hospital Status

Performed by:

- € Communications Incident Communicator
- € REMCS Personnel
- € Hospital Communicator (HC) / Transport Group Supervisor

Actions:

- € REMCS will obtain updated area bed status



II.1.8 Patient distribution and transport

Performed by:

- € REMCS Incident Communicator
- € On Scene Hospital Coordinator or Transport Supervisor
- € REMCS Personnel

Actions:

- € Coordinate patient distribution to local and regional hospitals

REGIONAL HOSPITAL COORDINATION SHOULD OCCUR VIA
THE EOC WHEN OPEN

Hospital Distribution:

€ Traumas:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

€ Burns:

€ Burn patients will be triaged and distributed to regional burn centers as per protocol

€ Delayed

€ Will be evenly distributed among primary and secondary hospitals based on bed status availability

II.1.9 At Hospital

Performed by:

€ Incident Radio Dispatcher

Actions:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



II.1.10 Incident Termination

Performed by:

- € REMCS Incident Coordinator

Actions:

- € Confirm de-escalation status with Branch Director or Incident Commander
- € Return units to city wide as they become available
- € Return system to normal operations when prudent
- € Return mutual aid units to service
- € Release all non essential personnel

Notify:

- € All groups agencies listed under notifications that EMS component of incident is closed via Alpha page
- € MCI Patient transport record to:
 - EOC
 - Branch Director
 - Area Hospitals
- € Ensure all Communications personnel are involved in post incident review
- € Provide CISM for all involved personnel

Guide for Operations

II.2.1 Activation / Confirmation of Appropriate MCI Protocol

Performed by:

- € First arriving EMS or First Responder Unit

Objectives:

- € Confirm or recognize need for managing incident under MCI protocols

Actions:

- € **Ensure Personal Safety**



- € If other agency already on scene (NFD, NPD, PAPD, ETC.) see officer in charge for situation report, patient count, etc

Notify REMCS of:

- € Nature of the incident
- € Confirm the incident location
- € Provide detailed “first in” report
 - Include cross streets
 - Best Access
 - Guard Post for staging or access
- € Presence of obvious Hazards
- € Activation or conformation of MCI Protocol

1.level 1- Limited	>10 Ambulatory and or 5-10 Non-Ambulatory
2. Level 2- Multi	11-40 Non Ambulatory
3. Level 3 MASS	> 40 Non Ambulatory

- € Approximate number of patients
- € Additional Resources required (NPD, NFD, HAZ-MAT)
- € Additional transport and support resources needed
- € **Be Specific**

The initial response designed for each MCI Level under the Communications section of this plan is the number of EMS and First Responder resources required to staff the Incident Command overhead team and begin triage, packaging and evacuation.

II.2.2 Implement ICS

Performed by:

- € Driver of First Due EMS Unit

Objectives:

- € **ESTABLISH CONTROL**
- € Coordinate on-scene activities to ensure effective and efficient patient management

Actions:

- € **Notify REMCS of implementation of ICS**

- g Confirm via REMCS or EMS Branch Director
 - o Best approach or access

- Potential Hazards
 - Staging Information
 - Assigned Incident Channel or Frequency
- € Upon arrival, observe the following procedures unless otherwise directed

AMBULANCES:

- € When established, Report to Staging Area Manager for “check in” otherwise
- € Passenger ONLY report to EMS Branch Director for assignment (for both)
- € Unless otherwise directed, **drivers remain with the vehicle!**
- Park for ease of ingress and egress if required
 - Pull equipment as directed (all backboards, airway bag)
 - Monitor for instructions
 - Stretchers remain with the vehicle

FIELD SUPERVISORS:

- € **Assume Command, or**
- € Support EMS Branch Director as needed, in an advisory or supplemental ICS command role
- € Key supplemental / support ICS command roles best suited for field supervisors include:
- **Operations**
 - **Safety**
 - **PIO**

II.2.4 Assign Units to Key Medical Command Positions as Needed

Performed By:

- € EMS Branch Director

Objectives:

- € Build an ICS overhead team to assist in incident management

Actions:

- € **Level 1 Limited MCI** generally can be managed with an overhead team of two:
 - The EMS Branch Director
 - EMS Operations Section Chief
- € **Level 2 and 3** management teams vary according to incident size and intensity (severity of injuries)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

See section II.3.3 Guide For Medical Director for further

II.2.5 Designate Treatment and Transport Areas

Performed By:

- € EMS Branch Director, unless delegated
- € MCU Staff
- € SOG Personnel

Objectives:

- € Standardize the action plan to ensure continuity and functional integration between all assigned personnel
- € Provide a physical location for operations to progress
- € Remain free of potential hazards of incident escalation (flying debris, collapse zones, spills etc.)

Actions:

Treatment Area:

- € Establish as soon as possible, cordon off an area large enough before it becomes overtaken by other emergency responders.
- € Should have sufficient space to enable emergency personnel to move around freely and treat multiple patients simultaneously without interfering with one another *Don't underestimate size of area required!*

[REDACTED]

[REDACTED]

[REDACTED]

Transport Area:

Attempt to configure the Transport area with the following considerations:

- € Ambulances should be able to access without backing up!

[REDACTED]

[REDACTED]

[REDACTED]

Performed by:

- € EMS Triage Group Supervisor / Staff or Assistant

Objectives:

- € Triage-tag all patients.
- € Coordinate activities with First Responders

Actions:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

II.2.7 Position Secondary Triage teams as needed

Performed by:

- € Triage Group Supervisor

Objectives:

- € Reassess original triage tag priority
- € Tag any victim brought to TREATMENT without a Triage Tag
- € Assist TREATMENT sectors in re-tagging patients whose status has changed.

Actions:

- € Assemble secondary triage team
- € Position team at entry point to TREATMENT area(s)

[REDACTED]

- € Confirm / update patient categorization on triage tag and tag any who have not yet been triaged

[REDACTED]

[REDACTED]

○

[REDACTED]

II.2.8 ESTABLISH EMS STAGING

There is much debate as to when in the matrix this function occurs as many functions occur simultaneously. It is understood that when Command starts requesting Transport resources there must be a collection point close to the incident scene. When and if this occurs is at the discretion of the EMS Branch Director or their designee.

Performed by:

- € EMS Branch Director
- € EMS Staging Manager

Objective:

- € Organize and manage inbound transport resources
- € Accountability

Actions:

- € Report to the designated Staging Area
- € Don EMS Staging Vest
- € Open Clipboard
- € Follow Checklist

II.2.9 Setup / Activate Treatment

Performed by:

- € Treatment Group Supervisor

Objectives:

- € Organize and assemble areas for patient care with MCU / SOG team
- € Provide treatment for immediately life threatening conditions
- € Initiate other treatments, as required, for patients awaiting transport

- € Obtain and maintain accurate patient category count

Actions:

- € Delineate TREATMENT area(s) (See MCU Setup)
- € Coordinate Patient Treatment area
- € Coordinates activities between Triage, Transport and EMS Supply

II.2.10 Implement EMS Logistics

Performed By:

- € EMS Branch Director
- € EMS Logistics Section

Actions:

- € Develops supply and facilities management plan and coordinates materials/ services distribution
- € Responsible for tracking materials and services during EMS operations
- € Prepares after action report for appropriate reimbursement

II.2.11 Assess Hospital Capabilities

Performed by:

- € **REMCS via HERN**
- € **Branch Director**
- € **TRANSPORT GROUP SUPERVISOR**

This information is obtained by REMCS at the beginning of the incident and the information is communicated to COMMAND and staff as required

Actions:

- € This information needs to be obtained and communicated to the Transport Group Supervisor
- € The exact mechanism as to how that information is conveyed through the command structure evolves with the incident
- € The process is dynamic and needs to be updated frequently
- € The information will be communicated from REMCS to the Transport Group Supervisor

II.2.12 Setup / Begin Transport

Performed by:

- € Transport Group Supervisor

Objectives:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Actions:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- Staging
- Transport Supervisor
- REMCS

Actions:

- € Coordinate all movement with above listed management sections
- € Deliver appropriate secondary assessment and care as indicated
- € Maintain accurate list of names and tracking numbers of patients
- € Communicate availability status ASAP

II.2.14 At Hospital

Upon arrival at hospital, transport units will transfer patients according to appropriate policy and procedure.

In addition, information regarding tracking should be forwarded to REMCS via land line

Depending on the size and scope of the incident additional incident management elements may be present at the hospital itself including

- € Off-site Hospital Coordination Representative
- € Hospital Based Decontamination Matrix
- € Hospital based Logistics Representative

Units are encouraged to appropriately re-supply and prep vehicle for return to service

II.2.15 Incident De-escalation

Emergency Management is a dynamic process that has a distinct beginning and end point. The Incident Commander will oversee a coordinated change of operational focus or de-escalation of the incident and return of resources to pre incident status.

Performed by:

- € Branch Director
- € All elements of Management Matrix

Actions:

- € Through periodic updates, communicate incident status to management matrix
- € Systematically release resources as the situation dictates
- € Communicate actions to other elements of Unified Command Structure
- € Formally announce change in incident status for EMS operations
- € Coordinate a comprehensive post incident review

Guide for Command

II.3.1 Guide for Field Command

Field Supervisors

- € For **level 2 Incidents**, all on and off duty personnel will be notified by alpha/numeric page
- € Off duty command staff may be subject to recall as determined by EMS Director
- € For **level 3 Incidents** any supervisors will report to
 - EMS HQ for assignment
 - Assist with system management unless otherwise directed

REMCS Supervisors

- € For **level 2 Incidents**, all on and off duty personnel will be notified by alpha/numeric page
- € Off duty Communications Supervisor staff may be subject to recall as determined by EMS Director
- € For **level 3 Incidents** all communications command staff personnel will report to
 - REMCS to provide communications command for rest of system during incident
 - Assist with system management unless otherwise directed

Other (Administration / Training)

- € For **level 2 Incidents**, all on and off duty personnel will be notified by alpha/numeric page
- € Off duty Command staff may be subject to recall as determined by EMS Director
- € For **level 3 Incidents** all other Supervisors will report to
 - EMS HQ to provide command coverage for rest of system during incident
 - Assist with system management unless otherwise directed

II.3.2 Guide for EMS Management

This section will outline the basic responsibilities of the EMS Management Staff during emergencies in the city of Newark, New Jersey and surrounding areas.

Directors of EMS

- € Reports to EOC
- € Coordinates All EMS Activities
 - Final Decisions
 - Approves Recall of off duty personnel
 - Decides on Implementation of Emergency Operations Disaster Plan

EMS Managers

- € Assumes roll of Director in their absence
- € Reports to Director of EMS
- € Reports to Appropriate EOC
- € Will Assume or Supplement Field Command Functions as needed
- € May be called upon to assume roll of associate director in their absence
- € Reports to Director of EMS
- € Reports to Associate Directors EOC reps
- € Will Coordinate efforts of respective section during emergency operations
- € Will Assume or Supplement Field Command Functions as needed

II.3.3 Guide for Medical Director

This section will outline the responsibility of the Medical Director at an MCI

- € When on scene the Medical Director will report to the Treatment Area to assist with Treatment, clinical decision- making, secondary triage, and on scene medical control.
 - Assist with difficult triage decisions / re-triage
 - Assist with Advanced Life Support as necessary
 - Triage trauma patients according to regional trauma center distribution
 - Position at the Triage / Treatment corridor for quick changes in patient categorization
- € When the Treatment Area closes the Medical Director will report to the EMS Branch Director for re-assignment
- € The Medical Director does not have operational command responsibilities
- € For reasons of accountability and safety the Medical Director will remain in the Treatment Area

EMS

EMERGENCY OPERATIONS CENTER

The Conference Room

This plan is to be put into effect when the EOC is open and in full operation. Examples include: Major weather event, Pre-planned events or at the discretion of the Director. The EOC should be staff with the following if possible.

- 1- One Manager
- 2- One Supervisors
- 3- One Logistics staff
- 4- Two support staff

The following is a breakdown of EOC Staff.

- 1- The EOC Commander should be a manager of supervisor **Only** and should be assigned one support staff for scribes.
- 2- Supervisor to be assigned to tracking and assigning in coming and off going staff, they should be assigned support staff to assist them.
- 3- logistics Staff to work with the EOC manager for supplies or equipment.

Note: Support staff will not respond to the incident unless directed by the EOC Command.

.

The REMCS chief should be prepared to deliver a system status report on request, to the EOC.

The Field Chief should work with the EOC by supplying support with vehicles and radios. All radios and vehicles must not be taken to the incident, you must maintain and adequate supply for normal field operations.

Once the EOC is in operation, the door to the EOC is locked. No one is aloud to stay in the EOC, unless they are assigned to the command staff. One support staff will remain outside the EOC door to prevent interruptions and to handle visitors that may need guidance. **AT NO TIME SHOULD THE EOC BE FILLED WITH STAFF NOT ASSIGNED TO COMMAND.**

II.4 Guide for EOC

This section is currently under development but will serve as a guide for EOC activation and staffing by EMS.

Brief statement of Operational Overview

II.4.1 County EOC

Located _____

Staffed By _____

Communications _____

Call Sign _____

Phone Number _____

II.4.2 City of Newark EOC

Located at William Street Facility

Staffed By _____

Communications _____

Call Sign _____

Phone Number _____

II.4.3 Newark Facility specific EOC

Located _____

Staffed By _____

Communications _____

Call Sign _____

Phone Number _____

II.4.4 Local EMS HQ EOC

Located

Staffed By

Communications

Call Sign

Phone Number

II.5 Guide for Specific Positions

This section will provide a guide to the specific ICS Positions and their respective responsibilities

II.5.1 First Responder

RESPONSIBILITIES OF THE FIRST ARRIVING UNIT

- € Personal Safety is paramount insure the safety and security of crew and vehicle
- € Identify Obvious Hazards
- € Scene Assessment
- € Establish Command Post
- € Identify Staging Location
- € Begin Initial Triage
- € Provide the Initial Report

Notify REMCS of appropriate MCI level

As the first unit on the scene, it is important to remain calm. When you make your notification of a MCI Level, communications will dispatch a measured response for the incident size.



[REDACTED]

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[REDACTED]

II.5.2 First-in EMS Unit

RESPONSIBILITIES OF THE FIRST ARRIVING UNIT

- € Personal Safety is paramount insure the safety and security of crew and vehicle
- € Identify Obvious Hazards
- € Scene Assessment

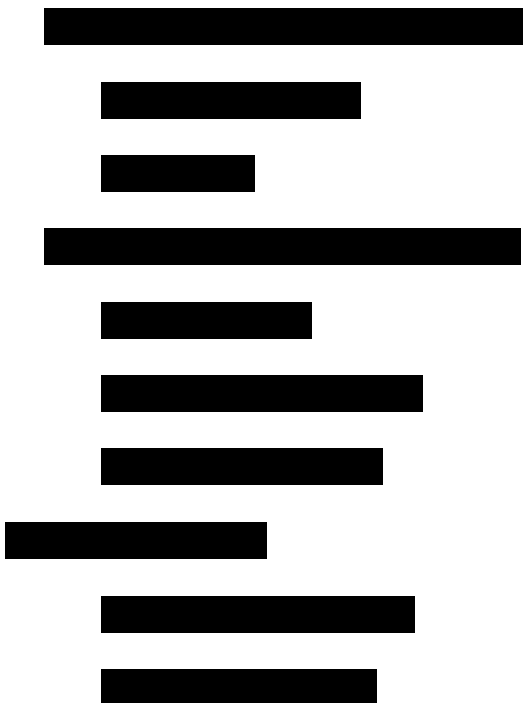
- € Establish Command Post
- € Identify Staging Location
- € Begin Initial Triage
- € Provide the Initial Report

Notify REMCS of appropriate MCI level

As the first unit on the scene, it is important to remain calm. When you make your notification of a MCI Level, communications will dispatch a measured response for the incident size.

PROVIDING THE INITIAL REPORT

It is understandable that only a limited number of tasks can be accomplished in the short time frame, most important is notifications. Call for resources! Too much too soon is better than too little too late.





II.5.3 EMS Branch Director

RESPONSIBILITIES OF THE EMS BRANCH DIRECTOR

- € Commands All EMS Operations
- € Build an ICS Overhead Team to assist with Incident Management
- € Assigns EMS Staff to Key Medical Positions
 - EMS Safety
 - EMS Staging Manager
 - Triage Group Supervisor
 - Treatment Group Supervisor
 - EMS Operations Section Chief
- € Identify Treatment Area
- € Identify Transport Area

Considerations

- £ Don't be afraid to remain in the vehicle if it is the initial command post!
 - It's quiet
 - Mobile radio is better than portable radio
 - Everyone knows where you are
- £ **Attempt to Identify Treatment and Transport Areas ASAP before they become cluttered with other elements of emergency operations**
- £ **Make sure the areas are large enough to support the intended operation**

Standard Operating Guidelines

- £ There are four forms in the Branch Director Clipboard
 - Initial Scene Report
 - Incident Update Report
 - Progress Report
 - Event/Task/resource request form

These are the same forms REMCS will be using for related updates.

Initial Scene Report

- £ Confirm the nature of the incident
- £ Confirm the nature of the incident
 - Type of incident
 - Hazards
- £ The exact location of the incident

- Cross streets
- Geographic locations
- Best access routes
- € Identify Hazards
 - Large volume of fire
 - Large debris field
 - Fuel Spill
- € Location of the Command Post (CP is vehicle 109 etc)
- € Location of the (EMS) Staging Area
- € **Provide REMCS with approximate total patient count**
- € Additional Units Required
- € Initiate field triage using START System and Met Tags

Incident Update Report

- € This report is for the EMS Branch Director
- € Get updated report from Staging, Triage, Treatment, and Transport every 15 minutes.
- € This checklist provides the foundation for the ***Progress Report*** given to REMCS
- € This checklist is a organized format for information collection from Group Supervisors
- € Don't forget to include progress report from Safety Officer if assigned

Progress Report

- € Report provided to ***REMCS*** from the ***EMS BRANCH DIRECTOR***
- € Incident Status
- € Incident Expansion

- € Patient Expansion
- € Number of resources currently in Staging
- € Number of patients currently in Triage (breakdown by priority)
- € Number of patients currently in Treatment (breakdown by priority)
- € Number of patients currently in Transport (breakdown by priority)
- € Number of Patients transported since last report
- € Total number of patients transported so far
- € Areas established since last report
- € Incident demobilization / Units returning to service where applicable

Event / Task / Resource Request Form

- € This is a running log to be kept by the EMS Branch Director or their designee

II.5.4 EMS Safety Officer

RESPONSIBILITIES OF THE EMS SAFETY OFFICER

- € To ensure the safety of rescuers, patients and bystanders
- € Report any hazards to the EMS Branch Director
- € Safety Officer has the authority to stop any operation if a safety hazard exists

Considerations

- € Liaise with the Incident Safety Officer and other agency Safety Officers
- € Position in area affording greatest field of view

- € Move around, be visible
- € Be aware of unforeseen threats (HazMat etc.)
- € Determine evacuation signal from incident Safety Officer and communicate to EMS Branch Director, communicate to EMS Staff
- € Keep a list of EMS accountability
- € Monitor EMS personnel for CIS or REHAB indicators

Standard Operating Guidelines

- € Make sure you are wearing the Appropriate PPE (Lead By Example)
- € Ensure all EMS personnel are wearing appropriate PPE
- € Ensure all EMS personnel are operating within ICS
- € Ensure EMS accountability
- € Attend Incident Safety Briefing

II.5.5 Public Information Officer

RESPONSIBILITIES OF EMS PUBLIC INFORMATION OFFICER

- € Authorized to make statements to the media or those outside of EMS
- € Designated by the EMS Director or Associate Directors
- € Coordinates with EMS Branch Director

Although this position is part of the Incident Command System, *only* those individuals with specific clearance from EMS management may make public statements regarding particular incidents. Operational security should be reiterated to all personnel during the course of the incident.

II.5.6 Operations Section Chief

RESPONSIBILITIES OF THE EMS OPERATIONS SECTION CHIEF

- € Coordinates efforts of Triage, Treatment, Transport, Staging, and Supply / Logistics Groups
- € Communicates to Safety and EMS Branch Director

CONSIDERATIONS

- € Work with Safety Officer to maintain safe work environment
- € Keeps Groups working and focused
- € Ensures Groups are not overwhelmed
- € Troubleshoots and problem solves
- € Move around and be visible
- € Assist as needed
- € Attempt to maintain direct communication rather than radio

STANDARD OPERATING GUIDELINES

- € Open clipboard and don vest
- € Establish line of communication with Safety and EMS Branch Director
- € Check in with Triage Treatment Transport Staging Logistics
- € Obtain Progress reports and provide progress report to EMS Branch Director

II.5.7 Triage Group Supervisor

RESPONSIBILITIES OF THE TRIAGE GROUP SUPERVISOR

- € Establish Triage Area if not already done
- € Coordinate actions of Triage Teams
- € Maintain Running Log of Patients Priority Codes
- € Communicate to EMS Branch Director
- € Communicate to Treatment Group Supervisor
- € Receive patients from rescue crews & utilizing the START Triage System to determine priority categories

II.5.8 Staging Manager

RESPONSIBILITIES OF THE STAGING MANAGER

- € Coordinate and track incoming EMS units, personnel, specialty units, and equipment
- € Track resources available in Staging Area and availability for deployment to Transport Area
- € Provide updated to EMS Branch Director

CONSIDERATIONS

- € Control flow of traffic into and out of Staging Area
- € Utilize escorts where available / appropriate
- € Ensure drivers have understanding of site specific safety requirements
- € Encourage units to prep vehicles where appropriate

- € Position to afford view of Staging Area and be visible to Units in Staging

STANDARD OPERATING GUIDELINES

- € Open Clipboard and don vest
- € As units arrive in Staging Area document information on “Staging Report”
- € Instruct Units on safety and operational requirements for site
- € Position Units for ease of exit from Staging Area

II.5.9 Treatment Group Supervisor

RESPONSIBILITIES OF THE TREATMENT GROUP SUPERVISOR

- € Establish Treatment Area
- € Coordinate Patient Treatment
- € Coordinate activities with Triage, and Transport
- € Coordinate with Medical Director
- € Maintain Patient Tracking in Treatment Area
- € Provide Updates to Branch Director

CONSIDERATIONS

- € Position to view both sides of MCRU if possible
- € Keep contact with Triage Group Supervisor
- € Keep contact with Transport Group Supervisor or Loading Leader
- € Keep EMS Branch Director Updated
- € Keep patients moving! Lifesaving treatment only! Package and Transport!
- € Ensure even distribution of patients on both sides of MCRU

STANDARD OPERATING GUIDELINES

- € Open Clipboard Don Vest
- € Track patients entering and exiting Treatment Area

II.5.10 Transport Group Supervisor

RESPONSIBILITIES OF THE TRANSPORT GROUP SUPERVISOR

- € Coordinates all patient movement between Treatment Area and medical facilities
- € Designates Loading Leader and Departure Leader
- € Maintains log of area bed status
- € Patient Tracking

Considerations

- € Follow the instructions on the clipboard
- € Coordinate efforts of Loading Leader and Departure Leader
- € Position to afford greatest field of view of Loading Area (vehicle positioning)
- € Mobile Radio vs. Portable Radio
- € Type of incident will determine distribution of responsibilities for Loading and Departure
- € Don't get tunnel vision, be aware if the operation is slowing down and take corrective action.

Standard Operating Guidelines

- € Don vest and open clipboard
- € Contact REMCS and request area hospital bed status

- € Coordinate Efforts of Loading and Departure
- € Maintain Patient Tracking Record
- € Get updates from Loading Departure at regular intervals
- € Provide EMS Branch Director with
- € Assign hospital destination to ambulances
- € Be prepared to Assign ambulances to specialty facilities (trauma, burns) based on patient priority.

II.5.10.1 Loading Leader

RESPONSIBILITIES OF THE LOADING LEADER

- € Coordinate movement of Ambulances in to Loading Zone
- € Communicate with Treatment Group Supervisor for patient priority distribution
- € Coordinate the Loading of patients from Treatment or “on deck” “pre loading” area to ambulances
- € Communicate with Transport Group Supervisor for hospital assignment
- € Direct Ambulances out of Loading Zone to Departure Leader
- € ***May be responsible for obtaining information for Patient Tracking Form***
This is dependent on size and scope of the incident. This may be delegated to a subordinate in the Loading Area if Loading Area is large and active

Considerations

- € **SAFETY FIRST!**
 - This is the area of the incident of greatest concern for safety. This is a traffic area, close attention must be maintained to vehicle movement
- € Maintain visual contact with Transport Group Supervisor and Treatment Group Supervisor

- € Be aware of surroundings. If the operation slows down, take immediate corrective action
- € If night operation consider reflective vest or garment

Standard Operating Guidelines

- € With the Treatment Group Leader or MCU Tech, establish Loading Zone, including “pre loading” or “On deck area”
- € A “drive through” loading zone is preferable to a “back-in” type situation, avoid having ambulances backing up if possible.

II.5.10.2 Departure Leader

RESPONSIBILITIES OF THE DEPARTURES LEADER

- € Coordinate movement of Ambulances off site with escort if required
- € Confirm hospital assignment
- € Confirm departure with Transport Group Supervisor
- € *May be responsible for obtaining information for Patient Tracking Form*
This is dependant on the size and scope of the incident. This may be delegated to a subordinate in the Departure Area id Departure area is large and active

CONSIDERATIONS

- € **SAFETY FIRST!**
 - This is the area of the incident of greatest concern for safety. This is a traffic area, close attention must be maintained to vehicle movement
- € Attempt to maintain visual contact with Transport Group Supervisor
- € Be aware of surroundings. If operation slows down take immediate corrective action
- € If night operation consider reflective vest or garment

Standard Operating Guidelines

- € With the Transport Group Supervisor establish Departure Area
- € While ambulance drivers are being given directions, have crew obtain information for patient tracking form
- € Relay this information to the Transport Supervisor
- € Maintain control of the departure area, organization and control are key to efficiency and safety.

II.5.11 Logistics Section Chief

RESPONSIBILITIES OF THE LOGISTICS SECTION CHIEF

- € Coordinates the efforts of Logistics Group and Supply
- € Reports to EMS Branch Director
- € Responsible for procurement and distribution of supplies
- € Responsible for procurement and distribution of materials outside scope of usual EMS operation
- € Maintain records of acquisitions and materials distributed
- € Develop plan for decontamination and return of equipment from area hospitals

CONSIDERATIONS

- € Be proactive, anticipate immediate and long term needs
- € Be creative

STANDARD OPERATING GUIDELINES

- € Open Clipboard don vest
- € Develop and maintain a resource list

- € Coordinate efforts with incident logistics or facilities personnel
- € Coordinate efforts with Operations, EMS Branch Director

II.5.12 Planning Section Chief

RESPONSIBILITIES OF THE PLANNING SECTION CHIEF

- € Develop incident mitigation plan or contingency plan as required
- € Document incident for post incident review
- € Develop pre plans for specific high impact areas

II.5.13 Rehab Group Supervisor

RESPONSIBILITIES OF THE REHAB GROUP SUPERVISOR

- € Establish the Medical Rehab Unit
- € Coordinate rehabilitation of units at prolonged operations
- € Track units rotating through Rehab Area
- € Assess units in terms of physical and mental well being
- € Assess units for fatigue
- € Coordinate efforts with canteen service
- € Coordinate with CISD services

Considerations

- € Area should be outside the hazard area
- € Area should be away from smoke or vehicle exhaust (second hand smoke)

- € Sheltered from elements
- € Accessible to transport ambulance if required
- € Close to incident to facilitate movement of personnel between rehab and incident assignments
- € Restroom Facilities

Operating Guidelines

- € Crews will be assigned to rehab on a rotating basis by the Branch Director

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II.5.14 Family Assistance Center Group Supervisor

* Airport Specific Position

As soon as the Airport EOC opens the Family Assistance Center the EMS Branch Director will assign the F.A.C Group Supervisor and include this position in the Incident ICS model. [REDACTED]

[REDACTED]

Responsibilities:

- € Establish EMS presence at the Airport Family Assistance Center
- € Provide EMS to families of passengers involved in incident
- € Communicate needs to EMS EOC Liaison, or Incident Commander or Branch Director
- € Request transport resources as necessary through ICS
- € Maintain, Triage, Treat, and Transport records as required.

Considerations:

The crews or personnel assigned to this area must have clearly defined roles with regard to releasing information of any kind to families. They should direct questions to appropriate representatives. Their responsibilities should be for medical emergencies only.

Crews should be mindful of radio traffic and take necessary action to prevent families from overhearing any radio transmissions. Use of landlines is strongly encouraged. The

customer service-sensitive nature of this assignment should be taken into consideration when selecting personnel for this assignment if possible.

- € Crews should be rotated as soon as resources permit.
- € This is a Non Transport Detail Unit
Request Resources as needed

II.6 Guide for Mutual Aid Ambulances

- € Upon declaration of a Multiple Casualty Incident (MCI), private and municipal ambulance providers may be requested to provide assistance, most likely in the form of stocked and manned units to:
 - Transport patients from scene to area hospitals
 - Cover all or part of University Hospital EMS response area for duration of the incident
- € MCI levels are as follows:

1.Level 1- Limited	>10 Ambulatory and or 5-10 Non-Ambulatory
2. Level 2- Multi	11-40 Non Ambulatory
3. Level 3 MASS	> 40 Non Ambulatory

- € Mutual aid will most likely be requested for Level 2 & 3 incidents
- € Upon receiving request for mutual aid, responding units will be directed to the Staging Area for check in with the Staging Manager
- € Responding units will be provided instructions at check in
 - Check In with Staging Area Manager will consist of Unit Name and number and number of personnel

Information given to all mutual aid ambulances in staging area to include:

Safety Requirements

Operational Expectations

- € Who to report to
- € Where to report
- € Use of Met tags / Notifications, numbers to REMCS
- € REMCS Phone Number “Help Line”

Mutual Aid Information Packet

IF you need help...1-800-631-3444

SAFETY FIRST!

- € Be aware of your surroundings at all times
- € Follow the instructions of Staging Manager or Transport Group, ICS is in place, no freelancing!
- € Appropriate PPE

Upon receiving patients and instructions from the Transport Group proceed to the hospital as directed.

Upon arrival at the hospital use the “REMCS Phone” located at the nurses station and provide dispatch with the following information:

- € Unit name and number
- € Patients NJ Disaster Triage Tag number
- € Patients Name (if available)
- € Age
- € Gender

Do Not give this information via radio!

Unless otherwise directed report back to the Staging Area

Specific Hazards

[REDACTED]

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III.10 Natural Disasters

This section will cover Natural Disasters that affect Newark Liberty International Airport. Understand that the disaster itself may be a regional event that the Airport Facility is a part of.

SOG – SPECIAL OPERATIONS GUIDELINES

Specific operational instructions may be in place during times of natural disasters. Personnel will maintain awareness and compliance with these instructions during EMS operations. As always, safety remains the highest priority.

III.11 Increased Traveler Volume

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